FINAL NARRATIVE REPORT

PROVISION OF EMERGENCY HEALTH ASSISTANCE TO IDPS AND HOST COMMUNITIES IN CONFLICT AFFECTED PERSONS IN AWEIL WEST AND CENTRE COUNTIES, NORTHERN. BAHR EL. GHAZAL SOUTH SUDAN

South Sudan Humanitarian Fund

IHO Impact Health Organisation

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This publication was produced at the request of South Sudan Humanitarian Fund (SSHF). It was prepared independently by Impact Health Organization (IHO).

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of SSHF

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ACRONYMS

CHD	County Health Department
IHO	Impact Health Organization
PHCC	Primary Health Care Centre.
ARC	American Refugee Committee
E.P.I	Expanded Programme on Immunization
H.E	Health Education
RRC	Relief and Rehabilitation Commission
IDSR	Integrated Disease Surveillance and Response
IDP	Internally Displaced People
OPD	Outpatient Department
PHCU	Primary Health Care Unit
RDT	Rapid Diagnostic Tests
SMoH	State Ministry of Health
U5	Under 5 years
A5	Above years

EXUCTIVE SUMMARY

Introduction .

Impact Health Organization (IHO) implemented the Provision of Emergency Health assistance to IDPs and Host Communities in conflict affected areas of Aweil West and Centre counties, Northern Bahr el. Ghazal South Sudan by supporting 1 PHCU and running 2 mobile clinics with support from South Sudan Humanitarian Fund (SSHF). The aim of the project was to provide lifesaving health care and strengthen community capacity through training and awareness to reduce the disease burden in the target locations. This project strengthened health staffing, drugs and supplies availability, screening, case management and referrals, disease surveillance and health and community participation in Aweil Centre and West Counties by reaching 3230 Men, 12440 Women, 4628 Boys, 5416 Girls during the 6 months of implementation.

This report covers activities performed between March 20th and September 20th 2018. The implementation process was majorly community based activities and 5 payams were reached namely: ,Nyarath, Aroyo, Ayat Centre, Gomjuer west and Barmayen. Activities

extended to the communities in the locations included trainings, general consultations, health education, antenatal care (ANC) services, condom distribution and family planning (FP), deliveries, referrals, psychosocial first aid, Expanded Programme on Immunization (EPI), sexual gender based violence and case management of rape.

Key Achievements

Training of 20 health workers on Integrated Disease Surveillance and Response (IDSR) with the aim of strengthening their capacity in data collection, reporting and disease surveillance. Screening of 655 pregnant and lactating women and 3567 children under 5 years for malnutrition of which 23 had SAM and 109 had MAM, reached 24823 individuals with health education on different health topics (Health education on Cholera causes and prevention, Family Planning, Importance and use of bed nets to prevent Malaria, causes, prevention and treatment of STIs, SGBV prevention e.t.c) of which 56.4% were girls and women, referred 56 patients with complicated cases, 12.5% were maternal health related cases, over 96.4% of patients referred fully recovered, 32 individuals benefited from Psychosocial First Aid, 23491 OPD cases were consulted of these, 25.6% were children under age of 5 years and 49.3% of the total consultation were malaria cases, 1996 women attended ANC services with 146 woman attending 4th session or more visits, 1732 male condoms were distributed, 1932 children received measles vaccine and 33 deliveries were attended to with no complications.

Challenges

Major challenges were: limited community participation, political interference in project activities, very poor roads and flooded rivers limiting access to some areas.

Lessons learnt

- While implementing this project, IHO learnt that Staff trainings improves quality of service delivery, Case monitoring and follow-up of referrals is quiet an important strategy to ensure recovery, transparency increases Community participation and cooperating with local authorities improves both access and delivery of services. Staff trainings improves quality of service delivery, accountability to the affected population improves service delivery and community participation and Coordinating with other NGOs is key to project implementation

1. INTRODUCTION

1.1 Project background

The conflict in the former Upper Nile and Unity State led to displacement and IDPs settling in Aweil West and Centre counties of former Northern Bahr el Ghazal State (Humanitarian Situation report January 2018). In addition, WHO report September 2017 reported that estimated that over 119 000 people were affected due to flooding triggered by the heavy rainfall in Aweil West of former Northern Bahr el Ghazal State. This exerted pressure to already limited resources among the host communities hence limiting the coping abilities to withstand the shocks. According to IHO's baseline assessment report in March 2018, the most affected population are women and children under the age five, there is limited access to health services since 38% of the respondents move for 1-2 hours, 29.6% take 3-4 hours, 20.7% over 5 hours to access a health facility whereas 47.2% of the respondents reported that access to health services were very poor. Malaria remained a public health emergency concern in Aweil West and Centre counties contributing 46.3% morbidity, pneumonia and diarrhoea were also noted among the leading cause of morbidity among the respondents in the last two weeks. The high prevalence is attributed to limited access to primary health

care services as the available health facilities are far yet faced with limited human resource, utilization and ownership of mosquito nets was 10.3% with majority of the respondents not having a mosquito net coupled with shortage of drugs. There is limited access to blood transfusion services, obstetric care service, mental health services, as well as treatment of SAM cases with medical complications. The community had limited access to health education since 90.8% of respondents reported not to have received any health education in the last month and Immunization coverage was still low as only 44% of children of house hold assessed reported to be immunized. There is a very poor referral system which is worsened by poor roads and lack of transport means according to the local authorities.

1.2 Background of Impact Health Organisation

Impact Health Organization (IHO) is a national Development and Emergency not for profit organization operating in South Sudan since 2015 registered with Relief and Rehabilitation Commission under the New NGO bill and as well as a member with the South Sudan NGO forum.

The Mission of IHO is stated as "*a world where people are healthy and treated with dignity and respect"* and IHO vision is *"Help vulnerable communities achieve immediate and lasting change in order to manage and maintain their own health and well-being"*. IHO Programs focus on Health, Nutrition and Water Sanitation and Hygiene for both development and humanitarian emergency situations.

1.3 Project goals and objectives

The aim of the project was to provide lifesaving health care and strengthen community capacity through training and awareness to reduce the disease burden in the target locations. This project strengthens health staffing, drugs and supplies availability, screening, case management and referrals, disease surveillance and health and community participation in Aweil Centre and West Counties by reaching 3230 Men, 12440 Women, 4628 Boys, 5416 Girls during the 6 months of implementation.

1.4 Project Approach

The project used different strategies which included trainings, supervision, community meetings, and health service provision, follow up, mentorship and awareness. Community members both men, women, girls and boys are on the front of the project. A number of community consultative meetings as part of AAP have been conducted to assess the changing needs of the communities to be able to respond as required

1.5 Project implementation

The project was implemented by IHO in Aweil Centre and West Counties for six(6) months. The project team included the Project coordinator, Project officer, clinical officer, EPI/HE Officer, midwife, nurses, laboratory assistants, community health workers and vaccinators supported by Operations Officer, Finance Officer and Logistic Officer. IHO prepares weekly activity, movement, budget plan to ensure proper project management. At inception IHO had a meeting with the State Administration, County Administration, RRC, Local Authorities, Partners (ARC and Health net-PO) and Payam Health Supervisors.

2.IMPLEMENTATION.

Implementation of this project proceeded in accordance with the work plan and all the targets have been achieved during this implementation period. The activities below describe the activities in this reporting period

2.1 PROJECT KEY INDICATORS

❖ Training of Health Workers on IDSR.

To ensure provision of quality services, IHO and WHO trained 20 health workers(19 males and 1 female) for 5 days on integrated disease surveillance and response and the major aim was to strengthen their capacity in data collection, reporting and disease surveillance. The training involved 10 participants from Aweil west and 10 from Aweil centre county. These participants included both IHO staffs and government staffs who were chosen by the CHDs

Objective of the workshop and target audience

The general objective of this training was to give health workers, especially those who are involved in disease control and surveillance at different levels of health system appropriate knowledge and skills in identifying cases of priority diseases and also process the data and use it for action. The target audience were Clinical officers, Nursing staff, Midwives, Community health workers and Laboratory staffs. The specific objectives of the training were

1. Detect priority diseases.
2. Analyze and interpret data on priority diseases.
3. Investigate and respond to suspected outbreaks.
4. Be prepared for disease epidemics.
5. Investigate and respond to other priority diseases.
6. Supervise and provide feedback.
7. Be able to Monitor and evaluate IDSR implementation.

Training contents and methodology.

WHO/ministry of health revised training modules on integrated disease surveillance and response (IDSR) for health workers 2012 edition was used. A wide range of training methods that included brainstorming, lectures demonstrations, presentations, guided group discussion, course readings and questions and answers were used. The teaching was participatory in nature bearing in mind the audience of adult learners. Pre and Post-test was used to assess the knowledge at the beginning and at the end of the training.

Figure 1. Shows participants and facilitator during the workshop.

The training contents included the following:

- Over view of IDSR in South Sudan
- Identify and report cases of priority diseases, conditions and events
- Analyze and interpret data
- Investigate, confirm, and respond to suspect outbreaks
- Prepare and respond to outbreaks
- Monitor, evaluate, and improve surveillance
- Supervise and provide feedback
- Cholera – Overview, epidemiology, prevention, response, and control including oral cholera vaccines
- Role of the laboratory in surveillance and outbreak response – sample collection, transportation, testing, feedback
- Ebola surveillance and response
- Measles surveillance
- Malaria Surveillance
- Meningitis surveillance
- Polio Surveillance
- Guinea worm surveillance

Workshop evaluation and Achievements

Evaluation was done through participants filling feedback training evaluation form.

Participants indicated that all the topics taught were relevant and informative in their various professional fields.

They also indicated that facilitators were knowledgeable, had positive attitudes and good communication skills, however some participants indicated that the feeding and accommodation was not per there expectations.

Participants were given a pre and post course assessment and the performance was good according to both results, the lowest pretest score was 10%, highest pre-test score was

54%, lowest post-test score was 30% and highest post-test was 90%, this indicates that knowledge was imparted and skills acquired. The training had the following achievements.

1. Participants' turn up was 100% (20 participants).
2. Participants appreciated the training and they were all equipped with knowledge
3. The training met 70% of the participants' expectations and 100% of the set objectives.

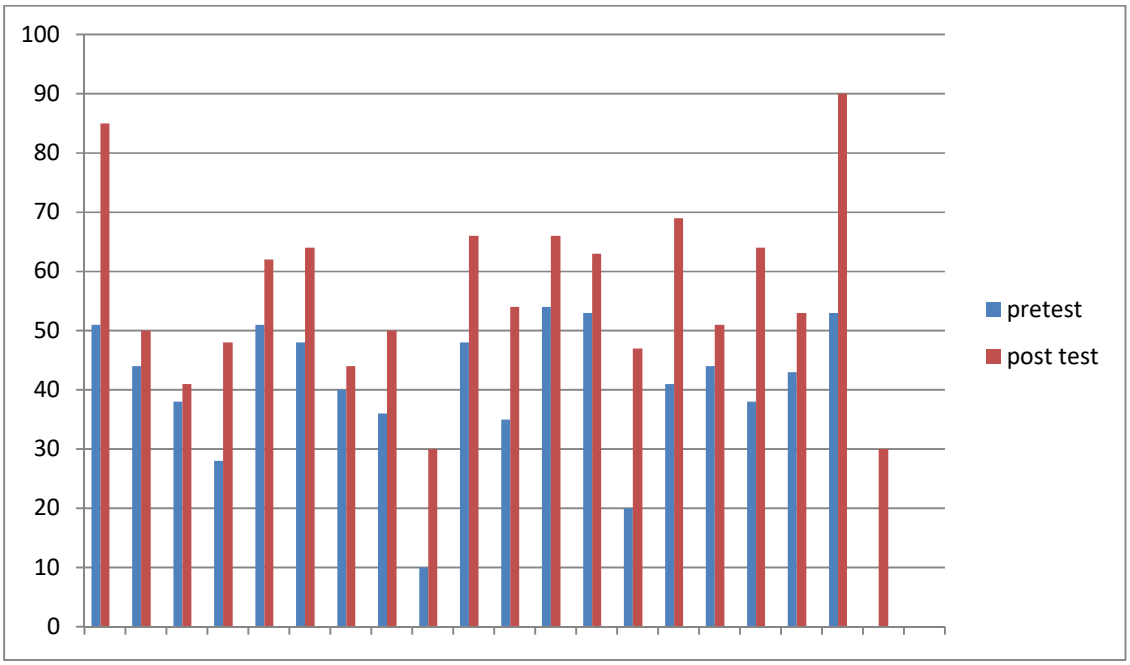


Figure 2. Above Shows pre and post test results of the participants

Lessons learnt

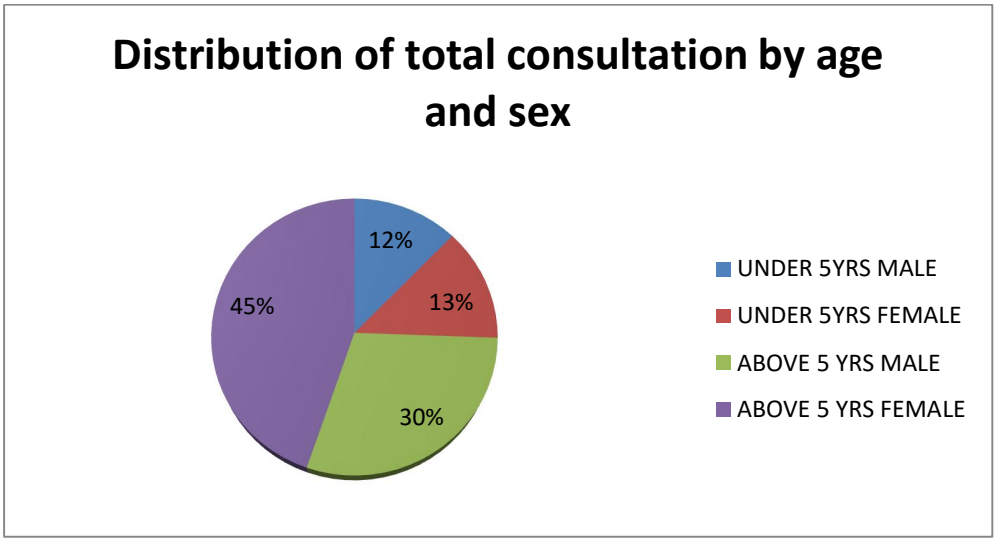
- It's very important to equip and train staffs before and during the course of project implementation since majority of them didn't have enough knowledge on IDSR before the training.
- Involving local health workers helps in capacity building and sustainability after closure of the project.
- Its always important to find out the cost of items in the project area during budget allocation.

❖ General consultations.

Number and category of beneficiaries reached.

This activity benefited both host communities and IDPs and during the implementation period 23491 individuals have been reached with consultation with 25.6% being under five(for both IDPs and host communities) and 58% being female.

Among the 23491 consultations, 4.5% were internally displaced people mostly from Nyarath IDP site.



There are significant differences in the number of consultations registered in each month as shown by the bar graph and generally the number of consultations were reducing towards the month of September this indicates that the the disease burden in the target area was greatly reduced. Other variations in data may be due to differences in the population in different payams since the majority of data were from the mobile teams which rotated in various payams

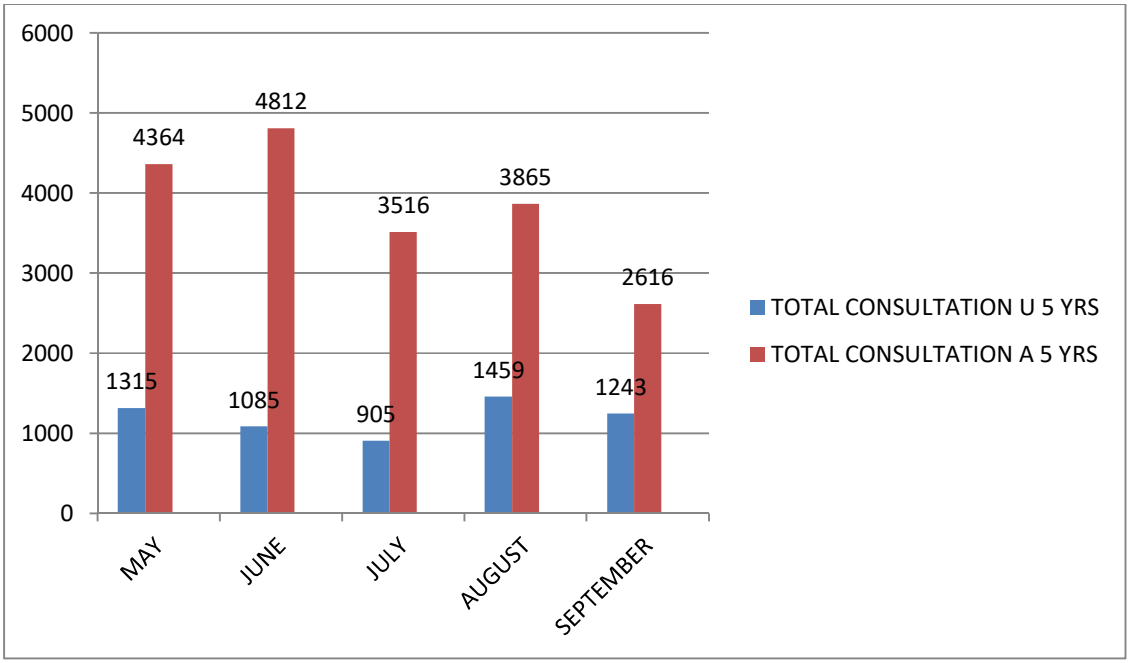


Figure 3. A bar graph showing monthly total consultations

Trend of common diseases.

During the baseline survey carried out by IHO at the beginning of the project, the survey report indicated that malaria contributed 46.3% morbidity among the respondents in the last two weeks before the assessment and that the incidence of water-borne diseases including AWD especially in under five contributed to 33.3% followed by acute respiratory tract infection at 29.6% among the households assessed. With these statistics above, IHO's efforts was to ensure that the disease burden of the preventable illnesses in the project area are reduced, controlled and prevented. This resulted into the following outcome. Malaria remained the leading cause of morbidity in the area which contributed to 49.3% of the total consultations , followed by respiratory tract infections (6%) and acute watery diarrhea (4%), women and children age under five are the most affected as shown by OPD registers

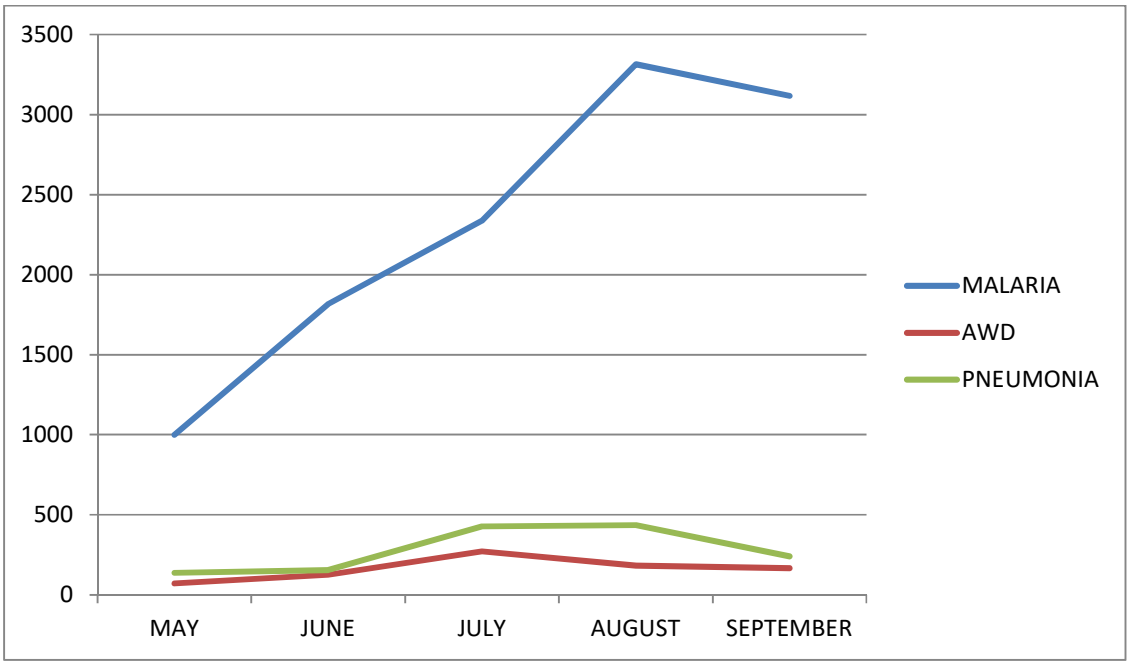


Figure 4. A line graph above shows trends of diseases of public health importance

MALARIA.

The variations as seen in the line graph simply show the trend of malaria from the month of May to September. The increase in malaria cases is because from the month of June usually it is usually a rainy season in Aweil and this is the time the region experiences the highest number of malaria cases(malaria peak season), however the slight decrease in cases

towards September is because the project ended on 20th of September and therefore the datas of the remaining days to end the month were not factored in and this affected the trend however we expected it to rise more hire.

ACUTE WATERLY DIARRHOEA

There was no much significant variations in the trends of acute westerly diarrhea with exception of June to July which may simply be because that was the beginning of the rainy seasons which may be associated with the increase especially in children under five years.

UNCOMPLICATED PNEUMONIA

The cases of pneumonia increased from the month of June up to August this could be associated with the cold weather during the rainy seasons. A number of children under five presented at the OPD with pneumonia co-exiting with Malaria which necessitated referrals due to the severity (5% of the cases)

Figure 5. Shows a Clinical Officer during consultation and clients lining up for consultation.

- Health education.

Targeted group

Although the project targeted 11469 individuals to be reached with health education, 24823 people have been reached of which 5781 are girls, 5000 boys, 5786 men and 8256 women on different health topics. 2600 IDPs have been also reached with health education messages.

Figure 6. Shows health workers giving health education on bed nets

Topics and methodology.

Health education was carried out both at the PHCU and mobile clinic and a wide range of methods have been used including use of Boma health committees to mobilise the communities, Lectures, Demonstrations, use of charts and active participation from the community.

A number of topics have been covered including proper use of mosquito nets, Sexual gender based violence, Prevention of Malaria and so many others

5113 and 4146 individuals have been reached with messages on use of insecticide bed nets and sexual gender based violence respectively.

There was significant improvement in community health seeking behaviours compared to the period before the project due to intensified community mobilization and involvement. Through cooperation with the CHD and local authorities, IHO was able to mobilize the masses for health education aiming at instilling a sense of ownership and good health practices among the communities of Aweil

.

❖ Screening pregnant women and children under five for MAM and SAM

According the Smart survey October 2017, Aweil Centre had GAM rate of 27.5% and Aweil West had a GAM rate of 22% far above the 15% WHO emergency threshold. Therefore in efforts to combat malnutrition in the project area, with the use of the CMAM guidelines, and as part of integrating Nutrition in Health services, IHO team screened for SAM and MAM in both under 5 children and PLW at both the mobile clinic and the PHCU.

Screening for children less than five years.

Figure 7.Shows a health work taking MUAC of a child under five years

As a means of integration of health in nutrition the project registered 3567 children screened for MAM and SAM of which 1652 were female. Screening was done at OPD and during EPI sessions. In this project 23 children had SAM and 109 had MAM. All these children were referred to nutrition centre managed by MEDAIR and Concern worldwide.

PHCU/MOBILE NUTRITION SCREENING REPORT					
Children 6-59 months	Total screened	MUAC <11.5CM	MUAC 11.5-12.4CM	MUAC ≥12.5CM	BILATERAL PITTING OEDEMA
6-59 months (male)	1915	10	66	1838	1
6-59 months (female)	1652	13	43	1596	0

Screening for pregnant and lactating women

A total of 655 pregnant and lactating women have been screened, these women have been captured during antenatal and postnatal services. Registers shows that majority of women who had SAM and MAM were those who had more than one deliveries and also those who had families which had previously been displaced.

NO. OF PREGNANT WOMEN SCREENED	MUAC	MUAC	MUAC	TOTAL REFFERED
655	4	23	628	31

A total of 31 women both pregnant and lactating were referred for further management to Concern and MEDAIR facilities for management.

❖ Antenatal care and postnatal care services.

Antenatal care visits.

The project registered 1996 mothers of which 1222 were those attending for the first time, 412 second, 216 third visit respectively and 146 attending the 4th or more visits. Almost over 10% of the total ANC attendance was women aged less than 18 years and this could be due to poor girl child education and early marriage.

Although it is recommended for the mother to atleast attend 4 ANC visits in one pregnancy however the number of women who turned up were low and this can be associated to long distances

Figure 8. Shows a midwife attending to a pregnant woman during ANC services.

traveled to access the services and low levels of awareness on the importance of ANC however as shown in the graph the number of women attending for the 3rd and 4th visits have been increasing from the may to June. Indicating that community perception on ANC had improved.

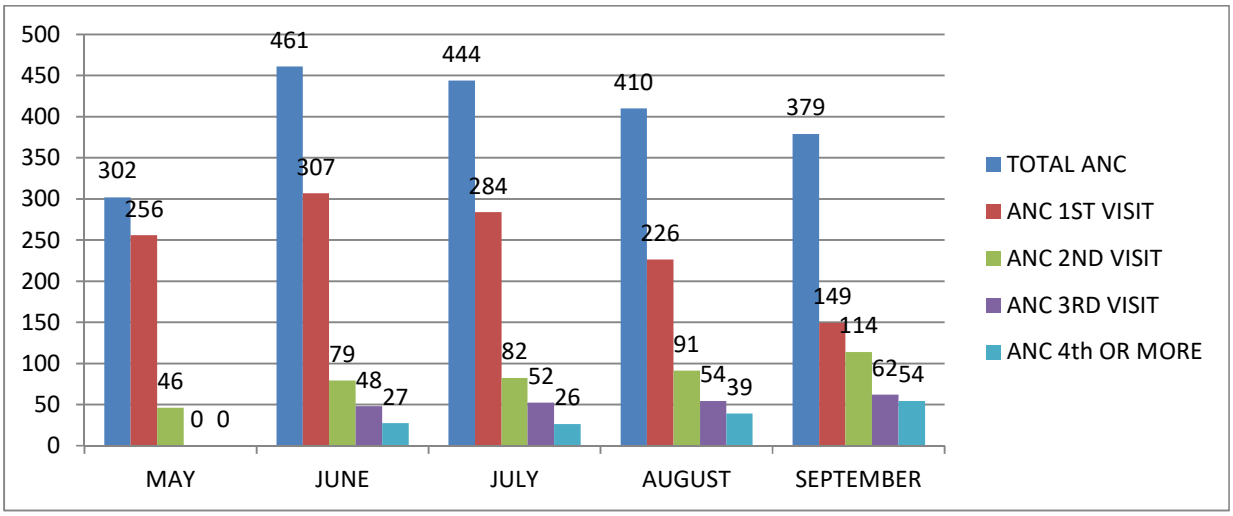


Figure 9. A bar graph showing monthly attendance of pregnant women for different ANC visits

Pregnant women receiving tetanus toxoid, folic acid and insecticide mosquito nets.

During the project implementation, a total of 957 mothers received Tetanus Toxoid of which 693 received TT1, and only 42 received TT3 and 9 received TT4. 1467 pregnant women received folic acid and 416 were dewormed with albendazole.

As a means of preventing malaria among pregnant mothers 753 pregnant women were given IPT during their visits and 832 mothers received insecticide treated mosquito nets although challenges of mosquito nets stock outs affected the routine distribution during ANC.. There have been challenges of proper use of mosquito nets since some of the beneficiaries have been found using mosquito nets for fishing and other activities, however through the routine health education Boma health committees have reported improvement in use of mosquito nets.

Figure 10. shows a midwife administering Tetanus Toxoid to a pregnant mother

Postnatal care.

Although many mothers lacked awareness on the importance of postnatal care, the project registered 46 mothers, who mostly received the services when they had brought their children for EPI services especially BCG. A lot of community engagement was to raise the level of awareness on need for mothers to have post natal check and a significant improvement was witnessed evidenced by mothers coming for postnatal even when they had delivered at home.

❖ Deliveries.

During the project implementation, 33 deliveries with no complications have been conducted and 33 live births have been recorded in different Boma. Over 50% of deliveries were from mothers who had never attended any Antenatal care services this is because previously the communities had no access to the ANC services. 6% of mothers who reported with labor pains were risk mothers (previous cesarean section, too short, over age and under age) and were referred to Aweil-MSF wing for further management.

There was an increase in the level of awareness on the importance of giving birth in health care facility or by skilled birth attendance in the project area and this was possible through our daily health education and engagement with the Boma Health Committees. Many pregnant women have been asked where they prefer to deliver from as part of the frequently asked questions during ANC and majority have responded by choosing health care facilities although the challenge of long distances affects their choice in accessing the services

❖ Referrals.

During the project implementation a number of referrals of complicated cases have been done and a total of 56 referrals have been facilitated (majorly severe malaria) among these 7 were maternal cases and 16 children under five years. Follow up is that in such a way that a copy of referral form is filled which is signed by the receiving health worker and sent back to the referral point. On discharge, either the (former) patient or the caretaker brings back the carbon copy of the referral slip with clinicians report on the client at discharge. With this method of follow up of the patients, IHO realized that 96.4% of patients referred have since fully recovered and on inquiry from the facilities referred to, the remaining 3.6% were either still admitted or further referred to next the level of management.

Referrals are made to different health facilities which includes Aweil hospital, Aroyo PHCC, Maraliabai PHCC and Nyamlel PHCC . MSF-Aweil Hospital wing the key recipient of
Majority of the children below 18 years and maternal referrals.

❖ Expanded Programme on Immunization (EPI).

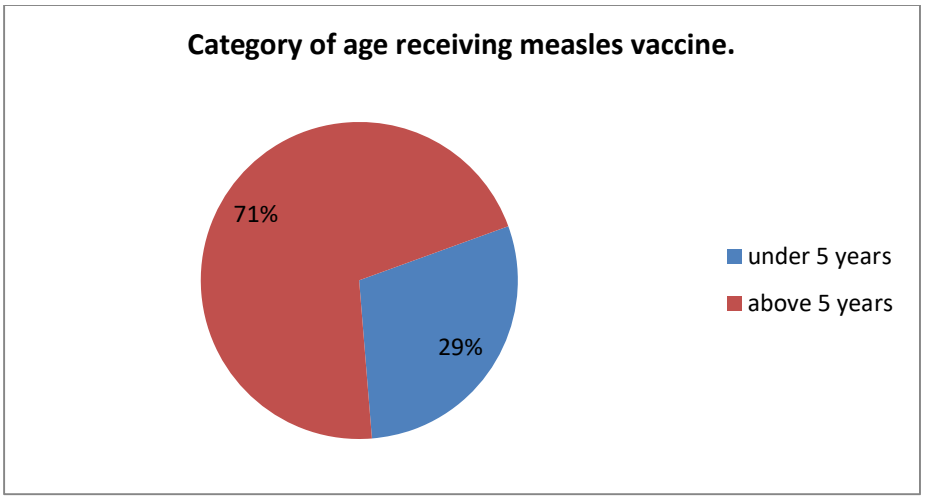
In this reporting period 4027 children have been immunized. Among these, 2008 children have received measles vaccine, 487 and 230 children under 5 years received pentavalent 1

Figure 11. Shows a health worker administering vaccines to a child.

and pentavalent 4 respectively as shown in the table. This was possible with support from the Central cold chain managers who have supplied IHO with vaccines.
Routine vitamin A and deworming as been concurrently given during immunization sessions and at OPD

EXPANDED PROGRAMME ON IMMUNISATION			
TYPE OF IMMUNISATION.	NUMBER	FEMALE	MALE
BCG	51	28	23
OPV-0	42	19	23
OPV-1	487	231	256
OPV-2	284	163	121
OPV-3	230	121	109
Pentavalent 1	487	231	256
pentavalent 2	284	163	121
pentavalent 3	230	121	109
Measles	1932	1005	927
IPV	0	0	0
Vitamin A	544	246	298
Deworming	258	124	134

Comparing pentavalent 1 and pentavalent 2 there is high dropout rate of 53 % which is due low level of awareness on importance of vaccination and on and off stock outs of vaccines from the main cold chain. Over 50% of children who received the measles vaccination had never received any vaccination in life and majority was IDPs.



❖ Sexual Gender Based Violence and case management of rape.

3 Centers for SGBV/CMR were established in both Aweil Centre and West Counties. IHO did not register any case on sexual gender based violence or a case of rape however 3000 individuals received key awareness messages on sexual gender based violence and availability of case management of rape services. More efforts were put in to eliminate the possibility of stigma in the community in relation to reporting these cases. A lot of community engagement was done and in the local community meetings, reports indicate that cases of sexual gender based violence are rare though this does not mean cases are not there.

❖ Psychosocial First Aid.

With the current situation in the country, services for PFA come in at the right time. The displacements, floods and civil/tribal wars leave a large section of the community yearning for support at the onset of such calamities. In ensuring that the service reach the community, IHO did incorporate PFA services in its (IHO) services facilities and 37 individuals mainly from Nyarath IDP site have benefited from PFA, majority of whom were females. To achieve this, IHO team had to work together with the Camp (IDPs) leaders who have occasionally referred individuals who needed help to IHO facilities.

2.2 OTHER ACTIVITIES.

- Laboratory services.

Figure 12. Shows a laboratory technician taking off a blood sample from the patient.

A number of tests were carried out throughout the project including HIV tests for pregnant women during antenatal care. 1 7135 individuals were tested for malaria using RDTs, 9948 were positive. On pregnancy tests, 428 tests (HCG) were performed and 98 were positive.

PART:2 LABOROTORY SERVICES			
13	HIV screening female	982	
14	HIV screening male	8	
15	Hiv postive female	2	
16	HIV positive male	2	
16	TB screening	0	
17	TB positive	0	
18	Total Syphillis Test	156	
19	Syphillis posititve	12	
20	malaria RDT under 5 years	3723	
21	malaria positive under 5 years	2075	
22	malaria RDT 5 years and above.	13412	
23	malaria positive 5 years and above.	7873	
24	Urine HCG	428	

25	Urine HCG positive.	98	

❖ Family planning and Condom distribution.

Although IHO faced challenges of very low levels of awareness regarding this FP, in this quarter 1723 male condoms were distributed especially to the youths, registered 37 family planning clients. The number is low because the community relates use of condoms to prostitution, cultural beliefs and myth to other family planning methods. However, Health Education on the importance and use of family planning was intensified and ongoing. Hopefully the results will be something to be proud about as key stakeholders and we look forward to achieving more results

❖ Renovation of Nyalath PHCU.

During the baseline survey conducted by IHO in consultation with CHD, SMoH and other local authorities Nyarath PHCC was chosen as the PHCU to be supported and renovated considering the fact that it was in a dire need for repair, not supported by any organization and yet it serves entirely all the IDPs in Nyarath IDP site and the communities around. Therefore a major renovation was decided on and later undertaken by IHO to ensure that health services are delivered in a safe and clean environment. On completion, the facility was supported/equipped by few essential medical equipment like examination medical couch, delivery set, thermometer, BP machine, stethoscope, weighing scales for both adults and infants among others utilities. This created a conducive working environment for both staffs and patients. Among other activities, there was site supervision carried by both the CHD and SMoH to ensure successful completion of the renovation.

Figure 13. Shows photos of Nyarath PHCU before and during renovation above and after renovation below by IHO


❖ Support supervision.

During the project implementation a number of support supervision visits have been made from the state ministry of health, County health Department and the state health cluster. These visits aimed at making sure services are delivered to the right people and in the right way using the standard treatment guidelines and data collected using the standard Ministry of Health tools.

Figure 14. Shows supervision visits from the CHD and the state health focal person

Recommendations from the visits helped IHO improve its services and a lot of capacity building was done through the support visits.

❖ Accountability to affected population.

IHO promoted transparency during the project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. IHO incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions. The location of PHCU services which was targeted for this project was identified in consultation of the CHD and

Figure 15. Shows IHO staffs and community members during one of the community meetings.

state ministry of Health. In addition the Mobile Team rotation was based on the community prioritization and community leader consultations. During service provision, IHO ensured that feedback from affected people on the services provided by IHO through feedback meeting was held on Monthly basis and on average on a weekly basis IHO administered a perception questionnaire to 10 beneficiaries who were asked to give feedback on the services received and suggest way to improve where necessary. All project activities engaged local authorities to oversee the implementation.

3. LESSONS LEARNT

During the implementation of this project IHO learnt the following:

- Staff trainings improves quality of service delivery
- Case monitoring and follow-up of referrals is quiet important strategy to ensure recovery
- Transparency increases Community participation hence improvement and accessibility to services.
- Cooperating with local authorities improves service delivery
- Accountability to the affected population improves service delivery and community participation
- Coordinating with other NGOs is key to project implementation

3. WAY FORWARD

Impact Health Organization shall continue with its efforts to look for any possible funding to continue implementing health activities in Aweil.

4. CONCLUSION

The communities of Aweil Centre and West counties, of former Northern Bahr Gazel state still need help in terms of health services however, the project contributed to reducing the disease burden in the two counties, Considering the good results achieved, it is very evident morbidity and Mortality was reduced and the project made remarkable impact on people's

health. IHO will continue with its efforts to look for funds to be able to continue with its health activities in Aweil Counties of former Northern Bahr Gazel.