



**TEREKEKA
FIELD
ASSESSMENT
REPORT**
GEMEIZA COUNTY

SEPTEMBER 3

2017



Staffs from county health department and IHO conducting a house hold questionnaire

I. INTRODUCTION.

Impact Health Organization received funding from SSHF to implement the Provision of integrated emergency mobile health services to IDPs and vulnerable host populations including children and adults in Terekeka County of Central Equatoria State with an aim to reduce the impact of morbidity and mortality associated with communicable diseases, tropical diseases and malnutrition among IDP and host communities in the two payams of Mangala and Gemeizia in Terekeka county.

This report follows a survey undertake between 30th August and 2nd September 2017 carried out in Terekeka state, Gemeiza County in five boma namely Kanyi Awai, ayeki, koroshomba, magalla and logori by a team from Impact health organization(IHO) SouthSudan.

In this regards IHO undertook a baseline survey in order;

1. To assess Health -specific needs and vulnerabilities at household level in order to identify priority areas of intervention
2. To gather profile information on the population that can be used as a reference to orient future targeting for Health related activities;
3. To provide a report highlighting all key findings which will be disseminated among all relevant clusters.

The following information was gathered through household interviews:

- Key Health concerns
- Disease outbreak

- Access to treatment services
- Drug Stock outs

2. METHODOLOGY

The assessment included three modes of primary data collection –household interviews; key informant discussions; and field observations – combined to desk based review of secondary data.

Data collection methods

A **household-level survey** was conducted across the two Payams according to the sampling method outlined below. The survey was conducted using a questionnaire administered by trained team.

Direct observations will be gathered by enumerators throughout data collection to further enable triangulation and verification.

The team held meetings with RCC, CHD, state minister of health and ADRA, health the implementing partner under HPF and AFOD, nutrition partner. Key informant questionnaire was administered during the meetings.

Sampling of Households

Sample size: the survey reached 125 households from Kanyi Awai, ayeki, koroshomba, magalla and logori although originally we had target 296 house. This because some locations were not accessed due to poor roads.

Sampling Procedure

Gameizia and Mangala Payams were purposively selected for Intervention interest. And during the selection of the sample systematic sampling will be employed. The survey applied a sampling interval of 11.

3. SITUATION UPDATE

Inter-communal violence and insecurity in May forced thousands of people to flee their homes in the two payams of Gemeiza and Magalla to the lower side in the Islands. The assessment found out that population originally displaced by the conflict were again forced back to their original location (**Returned**). During the conflict it was estimated that at 29199 people conflict, 4863 households were originally displaced by the conflict to the Islands and the assessment found out that an estimate of 26740 people have returned to their former location.



Some of the IDP's after being displaced by floods and conflict.

- ❖ Security situation in Gemeza county is relative calm though still there fears among the community
- ❖ The insecurity in some parts of the county coupled with very poor road especially in rainy season continues to limit access to communities in need of health and other essential services. And also to limit health implementers to carry out outreaches to the affected population.
- ❖ Exodus of health care workers due to security threats have continued to compromise access and functionalities of health facilities and health workforce.
- ❖ Majority of the IDP's who were on islands are going back to mainland because of the floods.

SUMMARY FINDINGS FROM HOUSEHOLD.

- ❖ The humanitarian situation of Gemeza County is so alarming and needs urgent intervention. The community that was once displaced by the inter-communal violence was once again displaced by floods which made them scatter helplessly along different villages
- ❖ IDP's, returnees and the host community lack essential basic needs including food items since most of the crops were destroyed by floods.
- ❖ The most affected population is women and children of age under five.
- ❖ There is limited access to health services since 15% of the respondents move for 1-2 hours ,55% 2-4 hrs, 25% over 4 hours to access health facility and also 90% of the respondents reported that access to health services was very poor.
- ❖ Malaria remains a public health emergency in Gemeza county contributing 70% morbidity among the respondents in the last two weeks before this assessment.
- ❖ The incidence of water-borne diseases including AWD especially in under five contributed to 55% morbidity followed by acute respiratory tract infection which was 40% among the house holds assessed.
- ❖ The community has no access to health education since 80% of respondents say they didn't receive any health education in the last month.
- ❖ 35% of the respondents reports to have had cough which has lasted for more than 3 weeks
- ❖ Last suspected cholera case was on 26 August 2017 a woman and 4 years child died of acute watery diarrhea
- ❖ Immunization coverage is still low since only 55% of children of house hold assessed reported to be immunized.
- ❖ 65% of the respondents reported not to have mosquito net since most of them were destroyed during the crisis.

- ❖ Access to clean water, poor roads, poor communication net work, lack enough health workers, long distance moved to access health facilities, insecurity in some areas, lack of a proper referral system, lack of shelter and food are the key challenges facing both community and the health system.

FINDINGS ON HEALTH

Support to health service delivery.

ADRA continues to support the two functional primary units in Gemaza county that serve the entire population. Although ADRA and AFOD Claimed to be undertaking an integrated outreach once a month. The State MOH refuted the claims and this was confirmed during the household interviews. The Primary Health Care Units are in dire situations and managed by CHWs.



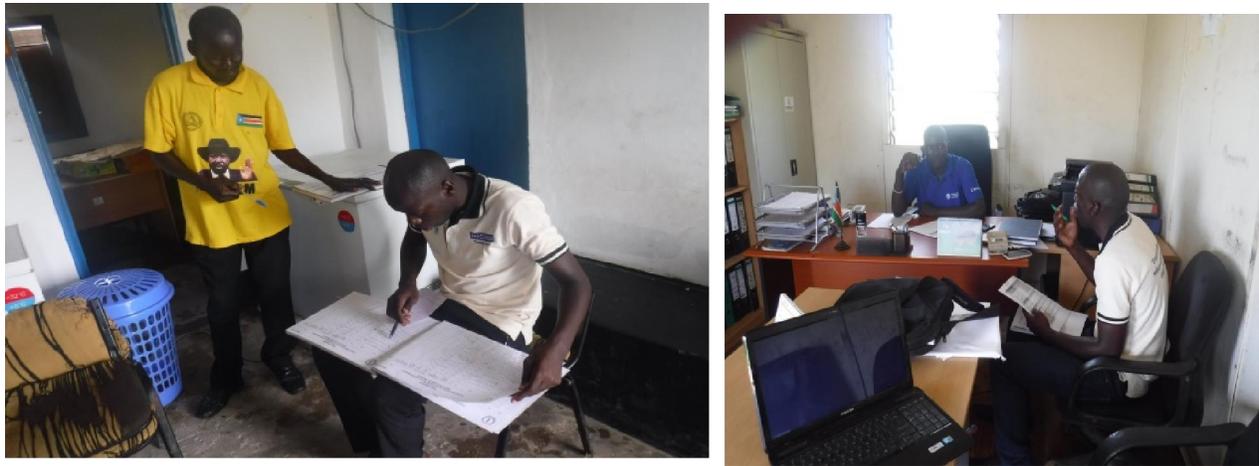
Patients receiving health services at Yaki PHCU supported by ADRA



View of Yaki PHCC from Outside

KEY INFORMANT RESPONSE.

- ❖ According to the summary of data collected from the key informants, shows that malaria, diarrhea diseases and respiratory tract infections respectively are the leading causes of morbidity and mortality especially to children under five followed by cases of typhoid, syphilis and pregnant related complications.
- ❖ Most of the essential drugs are available in the health facilities.
- ❖ They also report that there is very poor immunization coverage and that affected communities move long distances of more 3-4 hours to access health services.



IHO staff carrying out key informant interviews at Terekeka county health department and Terekeka PHCC.

HEALTH SERVICE DELIVERY.

- The area is served by two primary health care units which are located in Yaki and Logoli Bomas Which are run by community health workers and supported by ADRA.
- There is poor coverage of immunization since there is no functional cold chain in Gemeiza county.
- There is no skilled birth attendants which has led to increase in maternal complications according to the county health department officials
- very poor referral system is reported by both key informants and respondents since the only PHCC which is even under staffed is located on the other side of the river which needs a boat to facilitate the referrals.

KEY ISSUES THAT AFFECT HEALTH SERVICE DELIVERY IN THE AREA.

- Very poor roads especially during rainy season greatly affect service providers to reach some of the areas,
- Communication challenges since some of the areas don't have network coverage.
- Human resource is also a key challenge since the whole state is being served by very few health staffs this is because most of the qualified personnel are not willing to serve from remote areas.
- Referral system is also a major challenge since Gemeiza has no any ambulance yet its located on the other side of the river making referrals to Terekeka Phcc a problem.
- Keeping the available drugs and equipment's are challenging because these Health facilities are small buildings with grass and they are of low capacity it needs support from partners



Volunteers helping to referral a very sick child from Gemeiza to Terekeka PHCC.

DISEASES OF PUBLIC HEALTH IMPORTANCE.

- Malaria stays the leading cause of morbidity among the IDPs , returnees and the host communities.
- Diarrhea diseases rank second cause of morbidity among the affected communities.
- Respiratory tract infections ranks 3rd according to the house holds assessed. The assessment also indicate that affected population also suffers from typhoid and sphyllis.

CHALLENGES FACED DURING ASSESSMENT.

- Very poor roads which limited the team accessing some of the villages
- Bad weather with heavy rain during assessment which affected data collection and made it impossible for the team to have focused group discussions.
- Some communities were still on islands which made them un accessible.
- Absence of influential political leaders in Gemeiza County since most of them had fled during the conflict.

RECCOMENDATIONS

- IHO should establishment of a mobile clinic with a fully functioning laboratory to access more communities which will address issues of moving long distances, improving immunization coverage, promoting health through health education, increasing curative consultations, prevention of cholera and malaria by giving oral cholera vaccine and distribution of mosquito nets.
- There is no need for a cholera treatment Centre unless if the items are brought in for emergency preparedness.
- IHO should work with the MOH to train available health workers and if possible to recruit more skilled health workers to provide quality services.
- IHO should urgently work with CHD to rehabilitate the cold chain system to make storage of vaccines in Gemeiza county easy and cost effective.
- There is need for an ambulance which can facilitate referral of much complicated cases to Juba since Terekeka PHCC can't handle some complicated cases and has no surgical capacity.
- Need to increase access to safe water and health education to address issues of water borne diseases.
- There is need for construction of toilet for IDPs, returnees and the host community since almost over 90%of respondents didn't have toilets.

SENTONGO DAVID ISREAL.
HEALTH OFFICER IMPACT HEALTH ORGANISATION.
MOB. 0955887294, EMAIL. sentisreal@gmail.com