# HOLY TRINITY PEACE VILLAGE KURON SOUTH SUDAN KURON PRIMARY HEALTH CARE CENTRE

(Fr. Mathew Haumann Health Centre)

2013



Compiled and Reported by Contact Person

**Grace Denise Akwang** 

E-mail address:

health@kuronvillage.net

akwangdenise@yahoo.com

# REPORT FROM JAN TO APRIL SUBMITTED TO

# THE ADMINSTRATION OF HOLY PEACE VILLAGE KURON

# Holy Trinity Peace Village Kuron Health Centre (HTPVKH/C) INTRODUCTION

Kuron primary Health care centre was started in February 2006 as a simple treatment centre with the temporary building, with only 2 nurses. Thereafter was transferred to Matara in June, 2009 by then they had 3 trained nursing personnel, 2 nursing assistants and 4 nursing assistants being trained at the health centres.

Currently, the health unit has 2 trained nursing personnel 1 Laboratory Technician, 2 nursing assistants, 1 trained on Job laboratory personnel, 1 trained on Job dispensing assistant. The health facility was better equipped with the personnel compared to the present situation.

The Nurses at KPHC play the important role in the Health care service delivery, as they are to "Love and serve" with lots of comfort, empathy and offer meals, medicine and environmental hygiene among others. Their role has always been the provision of holistic quality health care delivery.

However, it has been observed that some patients have to walk for a maximum of 5 days in order to reach Kuron primary health care centre.

At Kuron PHCC, many people come with chronic and new cases (conditions) which sometimes need emergency or immediate attention for referral or surgery BUT these are not possible due to hard to reach population that is not easily accessed due to geographical, social, economical and security reasons. Therefore, prompt referrals for further investigations and proper management are always delayed or made difficult or impossible.

#### **KPHCC MISSION**

Providing Excellent Health care Services to improve health in South Sudan and The Sub-Region.

#### **KPHCC VISION**

A world class provider of excellent holistic Health care to improve the health of the community.

#### **Core Values of KPHCC:**

- Professionalism
- Excellence
- Honesty
- ➤ Justice & fairness

- ➤ Integrity,
- Respect.
- > Stewardship

# **ACTIVITIES**

#### **IMMUNIZATION**

Immunization services have improved with the provision of refrigerator from UNICEF. Vaccines are supplied by the UNICEF through funding from the SMOH. The KPHCC took the responsibility on the measles and TT complain while school pupils were trained to give the polio during the door to door exercise

#### **ACTIVITIES AT THE PRIMARY HEALTH CARE CENTRE.**

Since January 2013 we were able to carry out the following activities. With full time operations of the routine Primary Health Care Activities.

## **ACTIVITIES / ACHIEVEMENTS AT KPHC**

- > Routine activities on preventive, promotive and curative health services
- Courtesy visits by Norwegian friends/donors, UNICEF, SMOH, ARC, CDOT, WFP and Director for nutrition SMOH.
- > Training the staff on Nutrition by the Director for Nutrition SMOH
- Drugs from Narus(County supply received in January)
- Complied reports to A Commissioner Kapoeta East from Aug, 2012 to Jan, 2013.
- > Received new Laboratory Technician
- > A team from JOIN visited the Health Centre.
- Out reaches for EPI
- Repair of solar Fridge by UNICEF.
- ➤ 4 Boxes of Emergency Reproductive Health Kit 24 in@ box the clinic has used 10 packs for the ANC women in the 3<sup>rd</sup> Trimester.
- > ANC Register/ANC Cards. Currently clinic has registered 70 mothers for ANC, with the hope of having many pregnant mothers attending ANC clinic

#### STATISTICS.

The monthly attendance of the patients is as follows.

Month	Outpatient	In patients
January	761	31
February	396	40
March	551	35
April	631	33

# What is the impact of KPHCC - What are the Health challenges for the Toposa community?

It is widely understood and has been demonstrated that maternal and newborn health services are dependent on the functioning of the entire health system and the persistent high mortality rates are indicative of inaccessible, costly, poor quality, staff ineffeciency, lack of effective referral services, inadequacy of essential drugs, supplies and equipment, weak monitoring and evaluation system and poor coordination and management.

#### 1) Availability, accessibility and utilization of Maternal and Newborn Health Services

The availability, accessibility and utilization of Maternal and Newborn Health Services calls for the following immediate actions:

- providing skilled attendance at births; scaling up of EmOC/ECONB
- ANC, Neonatal and Postnatal care and
- PMTCT; increasing access to accurate and quality family planning information and services; empowering communities;
- Establishing an appropriate and effective referral system and
- Strengthening youth friendly sexual and reproductive health services.







A post natal mother breastfeeding her new born at the KPHCC unit



# Community Involvement and Participation



- The inadequate knowledge in communities often influenced by sociocultural factors or
- lack of correct and appropriate information should be addressed through:
- empowering communities to create demand for maternal and newborn health services; and strengthening the capacity of health planning teams and health facilities to manage maternal and newborn health services.

The first group of women mobilized from Namuton, Morouathee, Nachobot and Nakumogo to form the first health committee for Kuron Primary Care Center (KPHCC).

# Support to improve the working conditions



## Economically

Due to the difficult and harsh situation extra funding is needed to cover costs for Recruitment of new staff, New Ambulance, Putting the new structures e.g. placental pits, incinerator and Maternal and child health, and community outreaches and EPI activities.

The two need the follow up at the ANC and YCC.

#### **OUT PATIENT DEPARTMENT**

Kuron Primary Health Care Center operates from Monday to Saturday and Sundays we offer service for emergency cases only. The daily attendance ranged from 30-60 patients.

## **ACTIVITIES/SERVICES OFFERED TO CLIENTS/PATIENTS**

Despite the few staff they are able to offer the following services to patients

- > Registration of patients/weight taking
- Consultation
- > Laboratory investigation
- Admissions
- > Administration of medicine
- > Referrals for further investigation and management
- ➢ IEC
- Outreaches
- Counseling



Both in and out patients assemble ready for the sharing of the knowledge they know on the diarrhea, causes and the prevention of diarrhea at the reception before getting the treatment.



Grace demonstrate to mothers how to prepare ORS solution to treat diarrhea and vomiting at home after health talks on causes and prevention of diarrhea.



Mother giving ORS to their babies after the preparation by Ata Longolio.



ATAA Nadapal is doing the return demo on ORS preparation for the treatment of diarrhea at home.



The Atta Longolio gives the ORS she prepares to others.

#### **COMMON CONDITIONS IN UNDER FIVES**



The child Lokeno has recovered from severe malaria after completing the intravenous quinine



Grace does the ear wicking to drain the pus from the ear the child is very cooperative.



Longolio is suffering from malaria, otitis media, cough, Diarrhoea and Protein Energy Malnutrition



Longolio recovered from PEM malaria, otitis media, and cough today is happy and ready to go home. To come back for follow up visit after one month.





Naakor Losike 2 yrs old brought in with measles, cough, severe malnutrition. After 2 wks admission, she tested +ve with TB, She was booked the flight so as to be initiated on anti TB the parents refuse the referral after 4 days counseling, left the Health centre for home.





The Child Lorot was brought in with the complications of measles Lorot also improved and discharged home in good condition.



This child suffers from severe malaria. Recovered on iv Qnn and discharged Home in good condition.

#### **ANTENATAL CLINIC:**

The facility does not have the unit where the antenatal care can be conducted but we always attend to all pregnant women who visit the OPD with other problems they are assessed, screened and given the goal oriented Antenatal care and health advice on their progress.





Pregnant women attended ANC and received the mosquito nets and all the routine goal oriented services.

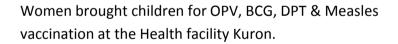
The two great TBAS working together with the health facility in the sensitization of community women on the importance of MCH among others they are referring pregnant women for ANC and those in Labour to the Health centre. Grace and her team are very happy with the work they are doing in the community

#### **YOUNG CHILD CLINIC**

The facility does not have the midwife who could do the vaccination of the children. The growth monitoring is done at the registration table before they are seen. However the two nurses are always stretching to make sure those children who visit the OPD are vaccinated. Currently the unit has only measles & Polio vaccine, DPT and BCG are out of stock.

The facility has registered the measles outbreak in January, and the MOH was notified when the minister paid a visit at Kuron PHCC in January.







Community outreach Kuron PHCC at Lereboi





Trained pupils from st Thomas primary set for polio in the community outreach

The community from Namuton village brought children for vaccination at Kuron PHCC.

# What problems are KPHCC facing

2012 the greatest problem has been, and still is the lack of road access for patients referrals, lack of ambulance, inadequate health facility late reporting at the health facility by patients e.g. MCH units, understaffing and food for feeding in-patients.

The followings are the referral cases sent to the following hospitals; Kapoeta Hospital, Isole Hospital, Boma Hospital and sometimes to St. Joseph Hospital-Uganda.



Mama Napeyok ... is suffering from cancer of the breast. The mastectomy was done in late stage of the disease process she developed the fumigating wounds at the site of operation.



This child was brought on the first visit by the grandmother who did not know what happened to the child and for how long the child has been ill up to this level of the disease process. The child was referred to Isoke Hospital.



This girl child will lose her sight due to measles complications reported to the health unit with ruptured cornea. They were referred to Isoke Hospital.



A case of snake bite brought at the clinic after one month with gangrenous foot. Referred to Boma Hospital for amputation the parent of this child refuse to consent for amputation.





The common type snake causing snake bites in this place and most of the patients bitten by this type of snake reports with swelling if not treated promptly then forms the kind of wounds shown above.



The child brought with severe burns with both ulna 7 radius bones exposed .referred to Boma hospital



this child had palpable abdominal masses with distension leading to difficulty in lying down and sitting as well. He was referred to Isoke hospital for further investigation and management



Died within 24hrs of admission with severe pneumonia, severe anaemia, lack of oxygen no transport for referral

# COMMUNITY OUTREACHES TRANSPORT SET READY FOR THE COMMUNITY OUTREACH





Staff from KPHCC for community out reaches



Mette and Liv the two Norwegian nurses who visited Kuron in October participated actively together with the health staff at Kuron PHCC in the immunization exercise in the community.



UNMIS DROPPING THE VACCINE AT KPHCC



Off loading the vaccine at Kuron PHCC



Laboratory Assistant in the laboratory.



The main Drug Store at Kuron PHCC



The donor team and H.E Dr.Margaret SMOH inspect the drug store



Dispensing assistance administering drugs to patients And giving health Education on drug compliance/side effects.



first team visited KPHHH from the NCA celebration



The Health Coordinator having the presentation to the donor team in the presence of the founder Bishop Paride Taban



The World, Africa, Donors NGOs and Health professionals among others, let's give support to this community. Why should a woman die from child birth? And why should children die of measles?

THANK YOU AND MAY GOD BLESS THE HEART OF THOSE WHO WILL BE TOUCHED BY THE SITUATION IN THIS COMMUNITY AT KURON.