

Trip Report  
Upper Nile State  
22 – 27 September 2014

**22 September** - Flew WFP Juba to Malakal. No IMA staff was at the Malakal airport. Minister of Health arranged for Dr. Patti to transport us to the riverside. Soon after arriving there, Luigi arrived with the boat. We loaded supplies and left for Kodok. By the time we reached Kodok it was too late to visit the mobile camp there. Settled in at UNMISS guesthouse, went to IMA office to greet CHO, Cord-Aid staff and discuss the week's plans with Luigi.



**23 September** – Visited the Kodok Mobile Clinic in the morning. ANC clinic is run by Mary, a midwife, nurse and clinical officer. She has seen 61 patients so far this month, averaging 4 patients a day. She states that attendance is down due to rains and harvesting. Since the last visit the examination table has been brought to the clinic, there is a weighing scale for monitoring weight gain, and the supply of mama kits has been replenished. Mary does not do deliveries, referring patients to the hospital for delivery. The clinic lacks mebendazole and quinine tablets. Mary says they have been requested, but no response from the central store.



From Kodok we travelled to Lul. By the time we reached there it was raining. Lul had obviously received more rain than Kodok. The path from the riverside to the clinic was very muddy. Mary William says that attendance is down due to rains and muddy paths. She has done 17 deliveries using misoprostol. All of the women comment on decreased bleeding and none have experienced any side effects. Since the previous visit the clinic has received

mattresses for the beds and weighing scales. The only medicine the clinic lacks at this time is antacid, and they are out of ANC cards. Members of the community appreciate the services provided by this clinic and have expressed the desire to meet and thank “*kawajas*” that have made this possible. Mary recently attended the BEMOC training given by UNFPA in Malakal. She was grateful for this opportunity and that Dr. Abraham was present to translate the information into Shilluk. He encouraged her to learn English, and so she has decided "she will not die until she learns English." Clinic staff loaned us gumboots to return to the boat.

**24 September** – Traveled from Kodok to Wau Shilluk. First we went to the mobile clinic, only to discover that the heavy rains of the last two days have resulted in the clinic being under water. Despite dirt bags around the tent, about six inches of water made its way inside. Staff said all medicines and equipment had been moved above the water, but they were unable to see patients. We proceeded to the PHCC, where I met with Elizabeth, midwife from the mobile clinic, and ANC staff from PHCC. Both the mobile clinic and PHCC are providing miso at their deliveries. Most recipients comment on the decreased bleeding. The clinic is low on mama kits and out of paracetamol and antacids. Elizabeth expressed a need for cord clamps as she feels the cord provided in the mama kits is not strong enough.



After meeting with ANC staff, Dak, clinic in-charge, requested permission to meet with community leaders to find a temporary place to hold the clinic until the water recedes and the tent can be used again. This would involve a small amount of cash to move supplies. I gave permission and suggested he try to meet with them this afternoon. We went on to Malakal.

After checking into IOM accommodation Luigi and I went to meet with Dr. Patti from UNICEF. The original request for tents, delivery tables and equipment signed by the Acting D.G. of

MoH Upper Nile State was given to him. He said the tents and delivery tables were available, but he was not sure if he could provide all of the medicines and equipment. Luigi is to make arrangements for the transfer of supplies to Wau Shilluk and Lul as soon as possible.

We then went to meet with Millicent from UNFPA. I thanked her for including mobile clinic staff in the recent BEmOC training. She then thanked IMA for the assistance provided by James during their training in Melut. Millicent mentioned that they were exploring nutrition screening and supplementation for PLW and would like to partner with IMA if this works out. UNFPA is willing to provide a tent for deliveries in Ogod. We went to their warehouse to see the size of the tent. While there I saw that there were also Kits 6A and B, equipment and medicines for ANC and deliveries. I told her if UNICEF was not able to provide these, we would come to her.

She said we should just take them now. She offered the UNFPA vehicle to assist us in transporting the supplies to riverside tomorrow morning.

**25 September** – Met UNFPA staff and driver at 8:30 a.m. and proceeded to their warehouse.



Tent and supplies were loaded, taken to riverside and loaded on the boat. We travelled to Ogod. Supplies were off-loaded and carried to the clinic. To reach the clinic you had to traverse a swamp. We managed to go a short distance, but found walking in the mud difficult. Luigi suggested the clinic staff bring their registers and come to us. Alajeeza has conducted 8 deliveries since my last visit.

One mother, Nyabal Chan, after delivering her sixth child and receiving the misoprostol, stated that it was the first time she has not had extensive bleeding after delivery. She now wants miso for all of her future deliveries. The clinic needs ANC cards and quinine tablets. Alajeeza is interested in doing HIV testing for patients and is willing to train staff from other clinics.

**25 September** – Scheduled to travel via WFP to Juba, but the flight was cancelled.

**26 September** – Returned to Juba



### **Recommendations:**

- There is still a problem with the supply of medicines from the central store. Staff are not aware of what is available as they have been given kits. Maybe they should be unpacked and stock cards completed. If this is too much for current staff, an incentive could be paid to the CHD storekeeper to assist. A regular time for submission of requests could be set. Clinics need to set a minimum stock level and request supplies before their supply is depleted.
- UNFPA staff will be conducting a follow-up to their training the latter part of October. Delivery tents at Lul, Wau Shilluk and Ogod should be functional by that time.
- HIV testing and counseling should be available at all clinics,