Editor's Note: This trip report is a supplement to Nancy's regular Presbyterian World Mission Connections letters

Walgak Trip Report
Nancy McGaughey
4-6 December 2014

4 December – Flew to Walgak and were met by staff from the Nile Hope Development Foundation. We proceeded to their compound, and after lunch went to visit government officials. We met with the Executive Director of Akobo West, John Mawiyay Rak, a representative of SSRRA, and others. The Executive Director welcomed us and congratulated Nile Hope staff on the hard work they are doing in the area. His three concerns were related to high prevalence of kala azar in the area, lack of measles vaccine, and lack of drugs. The director of SSRRA explained that there are 2 PHCCs and 5 PHCUs in Akobo West. There is a consistent delay in receiving medicines and also staff receiving salaries. He also said that under presence of MSF and IMC people were trained as nurses and clinical officers and he expressed a concern that this capacity building was not happening now. More than 300 people have been admitted to the PHCC with kala azar this year. With the increase in population due to many IDPs settling in the area (14,200 by their estimate) drug supply is not sufficient. He said there is also a need for veterinary medicines. I explained how RRHP worked, the plans under HLSP, and that we had brought general medicines, kala azar medicines, and vaccines with us.

We then proceeded to the PHCC for an overview of the clinic. Staff were disappointed that a 'general' health person had not come, as they had many concerns to share. I said I would write them and share this with concerned parties in Juba.

The lab does routine urinalysis, stool for O/P, RDT for malaria, and tests for kala azar. Tests done this week for k.a.:

Day	Tests done	Positive
Mon & Tues	57	10
Wed	8	4
Thurs	15	5

The lab technician requested tests/reagents so that he could also test for: brucellosis, salmonella, hemoglobin, HIV, VDRL and HCG. The centrifuge machine is broken, so I suggested he send it to Juba with the NHDF representative for repair.

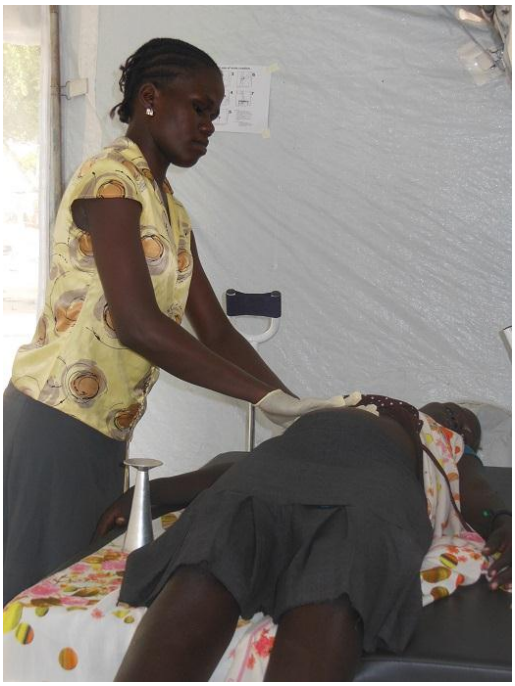
Denis Opigo Junga, clinic in-charge, expressed these concerns:

- IMA does not have a team to respond to emergencies. From August to November they have had many cases of kala azar and felt they had not received any assistance (I explained that Amos had been sent in September by IMA).
- They do not have sufficient staff for the running of the clinic. There is need for an additional person in the lab as well as for cleaners, guards, clinical officer and nurse.

- Medicines do not come on regular basis, resulting in stock outs. They have received PHCU kits but need a PHCC kit.
- They receive injectable drugs but not syringes or water for injection, etc., to utilize the drugs.
- There is a need for minor surgical supplies, hospital beds, mattresses, bed sheets, etc.

A comprehensive nurse/midwife from PHCC sees ANC patients with the

5 December – Spent the day with ANC staff. The Reproductive Health tent is being used for ANC registration and exams, giving of TT and distribution of RH drugs. Patients wait outside where health education is given as they wait.



assistance of a translator. The RH clinical officer assists PHCC staff in seeing OPD patients and is available for consulting. There is a good supply of iron/folic tabs but limited supply of IPT for malaria and quinine. There is no amoxicillin, paracetamol, antacids, or treated bed nets. Deliveries are conducted in a room of the PHCC and any admitted patients are placed in PHCC. There were 4 facility deliveries in September, 3 in October and none in November. Mothers are hesitant to deliver in a facility, but staff say they get complications such as retained placenta, retained products and heavy bleeding. There is good coordination with 4 TBAs associated with the PHCC and they report weekly to RH staff on the deliveries they have conducted. Safe delivery kits are distributed via facility and also through TBAs. Cases of GBV are rarely reported (one case in November of woman who was bitten by her husband).

Staff claim a high incidence of STIs in the area. A review of RH treatment register showed many non-RH diseases being treated. The STI treatment kit from UNFPA was designed to last 3

months, which it did. A second kit is coming on the Saturday charter. The pharmacy store has a separate area for RH drugs.

Community outreach is done through churches, schools and community groups. The clinical officer for RH (Gatluak) was encouraged to share not only numbers reached (by gender) but also some of the photos he has taken during outreach.

After the clinic was over I sat with nurse/midwife and clinical officer to discuss some issues. The space in the tent is underutilized and we discussed alternative layouts. Pictures of the set-up in Lul Mobile clinic were shared.

Observations/ Recommendations:

- Some supplies on the September waybill were missing (4 chairs, 2 tables). These need to be sent ASAP.
- 2 hospital beds provided by UNFPA have not yet arrived. These need to be sent, along with bed sheets.
- Need for examination couch (currently using one of the delivery beds for this).
- There appears to be a good network with TBAs in the area. These could be trained as HHPs to provide misoprostol, reducing number of complications presenting at clinic.
- Adult weighing scales are needed.
- A solar fridge that came in September is not working. Inverter is missing and technician reports the batteries are defective.
- There is excellent cooperation between RH and PHCC staff.
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There is a good group of qualified, dedicated staff willing to serve the community. They are to be appreciated for their work in this difficult area.