

Case Site: Munuki Primary Health Care Centre

SCENARIO: As a result of many years of war in South Sudan, provision of essential basic services such as health, education, nutrition, water and sanitation to the people has been lacking and/or poor. In addition, the population especially in major urban centres such as Juba is growing rapidly due to the return of Internally Displaced Persons (IDPs) and refugees; thus putting more pressure on already strained services. In support of the Government of South Sudan development goals in the health sector, USAID's transition strategy is geared towards improving and expanding essential health care services to targeted populations. As a result, USAID is supporting various health care services through the Integrated Services Delivery Program (ISDP). The program is being implemented in collaboration with the county government and the State Ministry of Health through existing Primary Health Care Centers (PHCC).

Activities of the program are:

- a) Scaling up activities of the PHCC in areas of HIV/AIDS counseling, testing and treatment, Maternal and Child Health, tuberculosis management and treatment and in treatment of general ailments that afflict the local community such as water borne diseases.
- b) Improvement and expansion of the existing sanitation facilities (toilets/latrines and bathrooms).
- c) The program will also support community initiatives geared towards reduction of the common diseases being treated at the clinic.

This program is being rolled out in about 20 clinics in Central Equatorial state. An IEE has been developed and a recommendation made that an EMMP be developed for conditions identified therein for all facilities being supported. You are the contractor for the program, and must develop an EMMP to address anticipated adverse environmental impacts. The PHCCs that will be targeted are very much similar to the Munuki PHCC in terms of scale and range of services and scale. You will visit the Munuki site to inform the development of your EMMP.

IEE CONDITIONS

The IEE governing the ISDP imposes the following conditions:

1. **Medical waste handling:** By the conclusion of the assistance under this ISDP component, supported PHCC must

have adequate procedures, staff capacities and equipment in place to properly handle, label, treat, store, transport and dispose of blood, biohazards and other medical wastes.

Appropriate guidance is articulated in Part II Chapter 9 of the USAID's environmental procedures for small scale activities titled "Health care Waste: Generation, Handling, Treatment and Disposal. Particular reference is made to the section titled (Minimum Elements of a Waste Management Program Checklist and Action Plan" in Annex A.

2. **Sanitary/hygiene facilities:** By the conclusion of the assistance under the ISDP program, supported PHCC must have sanitary facilities (toilets/latrines and wash up facilities and management protocols for these facilities sufficient to minimize the possibility of patient to patient and patient to staff transmission, including minimization of the risk of surface and ground water contamination by such facilities
3. **Construction:** Environmentally sound and safe construction management practices, consistent with the chapter of the Small Scale Guidelines must be applied. At a minimum it must be managed to fully pass field inspection using all relevant elements of the ENCAP Visual Field guide for Small Scale Construction.
4. **Awareness creation:** To minimize incidence of some of the most common diseases recorded at the PHCC such as diarrhea in children and cholera in the general population, a community outreach program should be implemented by the end of the assistance.

These conditions effectively require the project to add a component focused on upgrading clinic operations, not simply training staff.

CASE SITE BRIEFING NOTES:

Case Site: Munuki Primary Health Care Centre.

Location: 2Km from the US Mission.

Contact Person: Edward Eremego

Project Area Description

The case study site is Munuki, one of the 3 sub area districts of Juba town. Juba is the capital city of the republic of South Sudan and it is estimated that it occupies a 12 kilometer area in diameter from the center of town (approximately 11,300 hectares), and comprises, Juba, Kator, and Munuki sub districts.

The PHCC is intended to serve the people of Munuki and provides essential services.

Background to the Project

Small-Scale healthcare activities, such as Primary Health Care Centers (PHCCs), Primary Health Care Units (PHCUs) and immunization posts provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. They are the front line of defense against epidemics such as malaria and cholera and are a key component of any comprehensive development program. The medical and health services they provide improve family planning, nurture child and adult health, prevent disease, and cure debilitating illnesses. The Munuki PHCC is being supported in order to help improve on service delivery in these general areas.

Facilities: These include a dressing room, a tuberculosis monitoring and treatment unit, delivery room where mothers can be held for a few hours after delivery and then they are released to go home, an immunization unit and a HIV/AIDS unit where counseling and testing are done before treatment. Complicated cases are normally referred to the Juba teaching and referral hospital. There is also a general outpatient unit that attends to all cases.

Common diseases: These include diarrheal in children, cholera, and typhoid. Cholera outbreaks were recorded in 2006, 2007 and 2008, with 7,496, 3,256 and 1,256 cases reported in each year. There were 80 deaths in 2007 and 32 in 2008.

Management: The facility is managed by the County Ministry of Health.

Waste Management: Efforts geared at medical waste management are being implemented to some extent in all units (see photo below)



Methods used include waste segregation; Implementation of Standard Operating Procedures (SOPs), waste management at the end point including incineration through an improvised method that uses a drum (see photo below)



However, there are gaps which vary from unit to unit influenced by the level of external support received now and in the past. Also, the method used for incineration does not allow for complete combustion.



3 buckets for triple rinsing of equipment used in the clinic

Water source: Water is supplied by the Juba County council and of is of adequate supply.

Sanitary facilities: Toilets and bathrooms are not adequate to cater for the ever increasing number of outpatients as well as the mothers who may spend some time at the clinic after delivery.



Stand for washing hands

General cleanliness: On the whole, the facility is fairly well kept and maintained.

Staff capacity development: Most of the staff have benefitted from past training support programs provided to the clinic.