

Introduction

The humanitarian situation in South Sudan has deteriorated since the onset of civil war in 2013, with an estimated 1.8 million internally displaced¹ and 1.18 million displaced in neighbouring countries². As of April 2017, only 40% of the population had consistent access to health care³. The Health Pooled Fund (HPF) is a 66-month joint funding programme between DFID, Canada, the European Union, Sweden, Australia and USAID supporting the delivery of the Health Sector Development Plan of the Government of South Sudan. HPF1 covered six states, involved direct fund disbursement to NGOs and focused on health service provision from October 2012 to April 2016. HPF2 included four additional states, is implemented through a consortium structure of multiple NGOs aggregated into “lots” who implement different aspects of health programming in their respective geographic areas and focuses on health system strengthening through February 2018.

Upon request from DFID, IMPACT Initiatives provided short-term monitoring and verification of HPF2 implementing partner activities from January 2017 through May

Figure 1: Photo of PHCU Entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Duong Primary Health Care Unit (PHCU) implemented through Universal Intervention and Development Organisation (UNIDO) in Panyijiar County, Unity on 18 May 2017.

Facility Overview

Facility Name:	Duong PHCU
Type of Facility:	PHCU
Location:	Panyijiar County, Unity
Hours of Operation:	Outpatient: 24 hours Inpatient: 24 hours
UNIDO HPF2 Contract Start Date:	Contract with HPF and sub-contract with International Rescue Committee (IRC) not signed at time of visit
UNIDO HPF2 Contract End Date:	Not reported
Staffing:	11 staff in total - 1 clinical officer, 1 pharmacist, 1 medication dispenser, 2 lab technicians, 1 midwife, 1 nurse specialist, 2 cleaners, 2 guards
Reported Utilisation Rates for April 2017:	<ul style="list-style-type: none">1,063 curative consultations for under-fives1,757 curative consultations for over-fives12 births in facility with skilled birth attendant

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Remote verification of project site (phone interviews and email correspondence)
 - One Key Informant Interview (KII) with Clinical Officer
 - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 17 Consortium Overview

HPF2 Lot 17 is administered through the IRC and UNIDO. Duong PHCU is implemented by UNIDO.

Lot 17 partners	Type of health specialisation	No. and type of health facilities
IRC	Primary healthcare	6 PHCU in Ganyiel
UNIDO	Primary healthcare	2 PHCU in Nyal

Summary of Findings

The PHCU in Nyal was quite extensive and provided a number of outpatient and inpatient services. The PCHU acted as the primary health provider for local communities and Internally Displaced Persons (IDPs) living in Duong village and surrounding areas. The staff appeared to be well trained and reportedly had the capacity to manage vector-borne diseases, family planning services and malnutrition issues. However, the Clinical Officer reported that due to cash constraints the PHCU had struggled to maintain appropriate staff resources. Additionally, the complexity of the medicine supply chain reportedly led to frequent medicine stockouts. In terms of quality assurance processes, the key informant reported that the PHCU held monthly community meetings to understand people’s key needs and priorities. The Clinical Officer recommended improving the medicine supply chain, as the current procurement and supply chain system was inefficient. He also indicated that the budget for human resources could be increased, as the PHCU was understaffed; however, UNIDO did not have the funds to hire more staff.

Strengths	Challenges
<div><div>1. Funding: HPF2 provided a significant portion of the PHCU budget, without which the centre could not operate at its existing size and capacity.</div><div>2. Capacity building: HPF2 provided support for capacity building and staff training.</div><div>3. Partnership development: the HPF2 consortium structure helped connect the PHCU to partners in the area.</div><div>4. Medicine supply: despite supply chain challenges, HPF2 provided critical support in transporting medicine from Juba to Nyal.</div></div>	<div><div>External<div>1. Inflation: staff salaries had reportedly not been indexed to take account of the depreciation of the South Sudanese Pound.</div></div><div>Internal⁴<div>2. Supply chain: the transportation of purchased assets, commodities and medications remained a significant challenge due to poor road infrastructure (particularly during the rainy season) and the high cost of air travel.</div><div>3. Low staff payment: the low salaries provided by HPF2 had created discontent among staff and had contributed to high absenteeism.</div><div>4. Stockouts: due to frequent procurement delays, essential medicines were reportedly often out of stock.</div><div>5. Beneficiary accountability: accountability mechanisms were low. The clinical officer reported using post-care forms for beneficiary feedback, but these were not available on the site visit date.</div></div></div>

1. OCHA. South Sudan: People Internally Displaced by Violence. November 2016.
2. UNHCR. South Sudan Situation Regional Overview. December 2016.
3. WHO. New initiative to more easily allow people living South Sudan’s rural communities to access health services. April 2017.
4. Internal challenges were recategorised following preliminary presentation to HPF donors and refer to any challenges that HPF is intended to address (e.g. prepositioning medical supplies to prevent stockouts during rainy season).

HPF7 Project Factsheet: Duong PHCU, Lot 17

Third Party Monitoring for DFID Essential Services Team

Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines: 1 functional latrine
- Clinical waste disposal: 1 incinerator, 1 blood/body tissue outdoor pit
- Liquid waste disposal: fire
- Solid waste disposal: fire
- Potable water source: 1 borehole

Communication

- None

Power Source

- Solar power (6 hours per day)

Transportation:

- None

Table 2: Available Outpatient Services

Outpatient medical services were reported by key informant while medical equipment was physically verified by enumerator.

Medical Unit	Medical Services	Medical Equipment
Pediatric Care	<ul style="list-style-type: none">Under-five consultationsVaccinationNutrition	1 scale, 3 thermometers, 1 height board, 1 stethoscope
Maternal Care	<ul style="list-style-type: none">ConsultationsAntenatal Care (ANC)Routine vaccinationDewormingMaternal kits	1 blood pressure monitor, 1 thermometer, 1 delivery bed, 2 fetal scopes, 1 stethoscope, 1 scale
General Medicine	<ul style="list-style-type: none">Medication provisionConsultation	None
Outpatient Laboratory	<ul style="list-style-type: none">Medication provisionStool/urine testing, blood testing for immunoglobulin, Hepatitis B, Hepatitis C and syphilis	None

Table 3: Available Inpatient Services

Inpatient medical services were reported by key informant while medical equipment was physically verified by enumerator.

Verification	Medical Services	Medical Equipment
Pediatric Care	<ul style="list-style-type: none">6 beds in total	1 scale, 3 thermometers, 1 height board, 1 stethoscope
Maternal Care	<ul style="list-style-type: none">3 beds in total	1 blood pressure monitor, 1 thermometer, delivery bed, 2 fetal scopes, 1 stethoscope, 1 scale
General Medicine	<ul style="list-style-type: none">10 beds in total	1 scale, 3 thermometers, 1 stethoscope

Table 4: Availability of Essential Medicines

The clinic procured essential medicines indirectly from CAIPA UK through the Ministry of Health in Juba which was delivered via the Logistics Cluster to Nyal, Panyijiar County, Unity. Medication was provided to patients free of cost.

Qty ⁵	Exp. Date	Description	Unit
13	Mar 2019	Albendazole	200mg chewable tablet
3	Feb 2019	Amoxicillin	250mg capsule
46	Mar 2019	Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
7	Apr 2018	Artemether	Injection 40mg/ml amp
Absent		Artemether	Injection 80mg/ml amp
Absent		Artesunate + amodiaquine (adult)	100mg+270mg
Absent		Artesunate + amodiaquine (child)	100mg+270mg
Absent		Artesunate + amodiaquine (infant)	25mg+67.5mg
Absent		Artesunate + amodiaquine (toddler)	50mg+135mg
Absent		Azithromycin	250 mg tablet
Absent		Azithromycin	200 mg/5 ml suspension 200 mg/5 ml bottle/15 ml
1	Jun 2018	Benzathine benzylpenicillin	2.4M IU, vial
Absent		Benzylpenicillin	1M IU, vial
Absent		Ceftriaxone	Powder for injection 1mg vial
Absent		Chlorpheniramine maleate	4mg scored tablet
Absent		Ciprofloxacin	500mg tablet
4	Aug 2018	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
Absent		Cotrimoxazole	100mg+20mg tablet
1	Feb 2019	Cotrimoxazole	400mg+80mg scored tablet
30	Apr 2018	Dextrose	5% bottle/ 500ml + infusion set
2	Apr 2018	Diclofenac	Sodium for injection 75mg/3ml amp/3ml
Absent		Diclofenac sodium	25mg enteric coated tablet
Absent		Doxycycline	100mg (as hyclate) scored tablet
Absent		Ferrous sulphate	200mg + folic acid 0.25mg
Absent		Fluconazole	100mg tablet
Absent		Gentamycin	40mg/ml, 2ml amp
Absent		Gentamycin eye/ear drops	0,3 % 10ml bottle
Absent		Hyoscine butylbromide	10mg tablet
Absent		Low sodium oral rehydration salts	Dilution to 1l solution
20	Mar 2018	Malaria RDT	25 tests/box
1	Oct 2017	Methyldopa	250mg tablet
6	Mar 2019	Metronidazole	200mg tablet
30	Feb 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
Absent		Multivitamin	Film coated tablet
Absent		Oxytocin	10 IU, amp/1ml
4	Oct 2019	Paracetamol	500mg double scored tablet
20	Mar 2018	Paracetamol	Suspension, 120mg/5ml, 60ml bottle
3	May 2016	Povidone-iodine	10% B/ 200ml
Absent		Promethazine	25mg/ml, 2ml amp
1	Feb 2017	Quinine dihydrochloride	Injection 600mg/2ml amp
Absent		Quinine sulphate	300mg film coated
Absent		Ranitidine	150mg tablet - blisterpack
Absent		Salbutamol	4mg tablet - blisterpack
Absent		Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion set
Absent		Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
Absent		Sulphadoxine+pyrimethamine	500/25mg tablet
Absent		Syphilis, SD bioline	30 tests/box
Absent		Syringe luer	5ml with needle, 0.7x30mm, sterile disposable 21g
Absent		Syringe luer	10ml with needle, 0.8x 40mm, sterile disposable 21g
Absent		Syringe luer	2ml with needle, 0.6x25mm, sterile disposable 23g
Absent		Tetracycline eye ointment	1% 5g tube
11	Feb 2018	Urine pregnancy test strips	50 tests/box
9	Aug 2017	Vitamin A (retinol)	200,000IU caplet
2	Jan 2020	Water for injection	10 ml, plastic vial
Absent		Zinc sulphate	20mg tablet - blisterpack

5. Quantity refers to number of packaged units of medication. This varied based on the medication delivery method. For example, 1 paracetamol unit referred to a medication bottle, whereas 1 fluconazole unit referred to an individually-wrapped medication packet.