

Introduction

The humanitarian situation in South Sudan has deteriorated since the onset of civil war in 2013, with an estimated 1.8 million internally displaced<sup>1</sup> and 1.18 million displaced in neighbouring countries<sup>2</sup>. As of April 2017, only 40% of the population had consistent access to health care<sup>3</sup>. 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 Ariath Primary Healthcare Unit (PHCU) implemented through HPF2 Lot 6 by Healthnet TPO in Aweil North County, Northern Bahr el Ghazal on 17 May 2017.

Facility Overview

- Facility Name: Ariath PHCU
- Type of Facility: PHCU
- Location: Aweil North County, Northern Bahr el Ghazal
- Hours of Operation: Outpatient: 8:30 - 17:00  
Inpatient (maternal and child health emergencies): 24 hours
- Healthnet HPF2
- Contract Start Date: Not reported
- Healthnet HPF2
- Contract End Date: Not reported
- Staffing: 2 staff in total - 2 outreach workers (both present on day of site visit)
- Reported Utilisation
- Rates for January
- and February 2017:
- 233 curative consultations for under-fives
  - 347 curative consultations for over-fives
  - 10 births in facility with skilled birth attendant

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Remote verification of project site (email correspondence)
  - Two Key Informant Interviews (KIIs) with Outreach Worker and Healthnet Programme Manager
  - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 6 Consortium Overview

HPF2 Lot 6 is administered through Healthnet, Cordaid and Action for Development (AFOD). Majak Bai PHCC is implemented by Healthnet.

Lot 6 partners	Type of health specialisation	No. and type of health facilities
Healthnet	Primary healthcare	13 PHCCs and 42 Primary Healthcare Units (PHCUs)
Cordaid	Secondary healthcare	1 hospital
AFOD	Nutrition	13 nutrition sites

Summary of Findings

The site visit revealed a clean and renovated facility. Neither of the two staff members present were wearing uniforms. The medical equipment at the facility was found to be functional. However, the essential medicine supply was deficient. According to Key Informants (KIs), the quantity of drugs supplied did not match an increase in the number of patients using the PHCU services over the past year. KIs reported that all services at the PHCU were provided to patients for free. As a quality assurance mechanism, the PHCU had established a Community Health Committee to provide feedback on community needs. Additionally, the PHCU reportedly collected feedback from patients and members of the community through their health promoters and community outreach workers. In terms of consortium structure, AFOD reportedly provided timely coordination for nutrition activities.

Strengths	Challenges
<div>1. <b>Quality assurance:</b> the facility reportedly formed a Community Health Committee to provide community feedback on operations.</div>	<div>Internal<sup>4</sup></div> <div><div>1. <b>Procurement:</b> the essential medicine supply was reportedly often delayed with stockouts occurring weekly. Amoxicillin was reportedly the most frequently stocked out medication. KIs noted that the quantity of drugs supplied did not match a recent increase in the number of patients seen at the PHCU.</div><div>2. <b>Motivation:</b> a decrease in salary from HPF1 to HPF2 had reportedly reduced staff morale.</div><div>3. <b>Human resources:</b> the facility struggled to attract and maintain high quality staff, who were often drawn towards better paid positions, especially with the decreased wages under HPF2.</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).

# HPF12 Project Factsheet: Ariath PHCU, Lot 6

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

#### Water, Sanitation and Hygiene (WASH)

- Latrines: 2 functional latrines, 0 functional toilets
- Clinical waste disposal: outdoor pit
- Liquid waste disposal: outdoor pit
- Solid waste disposal: burning
- Water source: borehole

#### Communication

- 2 mobile phones

#### Power Source

- None

#### Transportation

- None

### Table 2: Available Outpatient Services

Outpatient medical services were reported by key informants while medical equipment was physically verified during the site visit by enumerator.

Medical Unit	Medical Services	Medical Equipment/ Medication
Child Health	<ul style="list-style-type: none"><li>▪ Growth monitoring</li><li>▪ Nutrition (Outpatient Therapeutic Programme, Therapeutic Supplementary Feeding Programme)</li><li>▪ Immunisation</li></ul>	1 Middle Upper Arm Circumference (MUAC) tape, 1 weighing scale, 1 height Board
Maternal Health	<ul style="list-style-type: none"><li>▪ Antenatal care (ANC)</li><li>▪ Test and treat</li><li>▪ Immunisation</li></ul>	1 fetoscope
General Health	<ul style="list-style-type: none"><li>▪ Consultations</li><li>▪ Test and treat</li></ul>	1 thermometer

### Table 3: Availability of Essential Medicines

Essential medicines were reportedly requested either directly through the county health department or from HPF through Healthnet.

Qty <sup>5</sup>	Exp. Date	Description	Unit
2	Mar 2020	Albendazole	200mg chewable tablet
Absent		Amoxicillin	250mg capsule
15	Mar 2020	Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
Absent		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
Absent		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
Absent		Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
Absent		Cotrimoxazole	100mg+20mg tablet
Absent		Cotrimoxazole	400mg+80mg scored tablet
Absent		Dextrose	5% bottle/ 500ml + infusion set
Absent		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
Absent		Malaria RDT	25 tests/box
Absent		Methyldopa	250mg tablet
Absent		Metronidazole	200mg tablet
Absent		Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
Absent		Multivitamin	Film coated tablet
Absent		Oxytocin	10 IU, amp/1ml
Absent		Paracetamol	500mg double scored tablet
Absent		Paracetamol	Suspension, 120mg/5ml, 60ml bottle
Absent		Povidone-iodine	10% B/ 200ml
Absent		Promethazine	25mg/ml, 2ml amp
Absent		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 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
Absent		Urine pregnancy test strips	50 tests/box
Absent		Vitamin A (retinol)	200,000IU caplet
Absent		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.