

**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 was intended to begin in April 2016, 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 Rubkona PHCC entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Rubkona Primary Healthcare Centre (PHCC) implemented under HPF2 Lot 14 through Children Aid South Sudan (CASS) in Rubkona County, Unity on 25 May 2017.

Facility Overview

**Facility Name:** Rubkona PHCC

**Type of Facility:** PHCC

**Location:** Rubkona County, Unity

**Hours of Operation:** Outpatient: 8:00 - 17:30  
Emergency: 24 hours

**CASS HPF2** Contract with HPF and sub-contract with Cordaid had not yet

**Contract Start Date:** been signed as of site visit date

**CASS HPF2**

**Contract End Date:** Not reported

**Staffing:** 17 clinical officers - 1 physician, 2 medical officers, 2 clinical officers, 1 pharmacist, 1 medication dispenser, 1 assistant dispenser, 1 lab technician, 4 midwives, 4 nurses

**Reported Utilisation**

**Rates for November**

**2016 to April 2017:**

- 7,373 curative consultations for under-fives
- 11,575 curative consultations for over-fives
- 136 births in facility with skilled birth attendant

Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of Cordaid technical proposal and work plan
- Remote verification of project site (phone interviews and email correspondence)
- One Key Informant Interview (KII) with Facility Administrator
- GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 14 Consortium Overview

HPF2 Lot 14 is administered through Cordaid, CASS and World Relief. Rubkona PHCC is implemented directly by CASS.

Lot 14 partners	Type of health specialisation	No. and type of health facilities
Cordaid	Secondary healthcare	1 hospital
CASS	Primary healthcare	2 PHCCs in Rubkona County
World Relief	Primary healthcare	1 PHCC, 4 Primary Health-care Units (PHCUs) in Guit County

Summary of Findings

Rubkona PHCC counted on basic medical equipment for primary healthcare services. Lack of essential medicines and lack of electricity were the main challenges for service delivery. Hygiene conditions were adequate, with hand sanitation stations in place and fairly clean latrines. The facility administrator reported that Cordaid provided a Monitoring and Evaluation Officer to collect and report quality assurance data. The PHCC reportedly maintained regular communication with a community committee to collect community feedback, and incorporated feedback into decision making. For example, PHCC opening hours were adjusted to accommodate the needs expressed by the committee. PHCC staff were reportedly contracted by the Ministry of Health (MOH). Cordaid provided administrative support and drug supplies during stockouts as well as mosquito nets for the maternity ward. The key informant recommended that PHCC staff remain under contract of the NGO rather than the MOH. Reported facility needs included facility renovation, fence reconstruction for security, consistent electricity and an ambulance.

Strengths	Challenges
<p>1. <b>Funding:</b> Despite reported dissatisfaction with HPF2 funding compared to HPF1, HPF2 provided a necessary funding stream without which the facility would not run.</p>	<p><b>Internal<sup>4</sup></b></p> <p>1. <b>Government handover:</b> the dual management structure between Cordaid and MOH reportedly caused recruitment confusion as to who was responsible to approve new hires.</p> <p>2. <b>Funding amount:</b> decreased funding from HPF1 reportedly reduced the number of medical staff, lessened staff salaries (which also changed from U.S. dollar to South Sudanese Pound) and resulted in fewer staff resources such as gum boots, umbrellas, uniforms, and CASS visibility.</p> <p>3. <b>Lack of visibility:</b> key informant reported that CASS was not recognised as the administrator of the PHCC. Rather, the PHCC was perceived to be run by CARE International, which provided nutrition services from the PHCC.</p> <p>4. <b>Medication procurement:</b> timely supply of medications from the MOH was identified as a major challenge. Delays had caused stockouts of essential medications on a number of occasions. Although Cordaid provided gap coverage for essential medicines, the procurement process through Cordaid reportedly took a long time.</p> <p>5. <b>Electricity:</b> basic service provision was compromised without power for equipment. For example, the suction machine could not be used regularly and overnight deliveries were reportedly assisted with limited light from torches.</p>

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).

# HPF4 Project Factsheet: Rubkona PHCC, Lot 14

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

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

- Latrines: 6 functional latrines
- Clinical waste disposal: 1 incinerator
- Liquid waste disposal: IOM was supporting with disposal of liquid waste out of courtesy; however, this was not always possible
- Solid waste disposal: burned
- Potable water source: 1 borehole

#### Communication

- 2 phones, 2 radios

#### Power Source

- Solar power for refrigerator

#### Transportation

- 1 facility vehicle

### 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"><li>Under-five consultations</li><li>Immunisation</li><li>Referral to CARE for nutrition</li></ul>	1 thermometer, 1 scale
Maternal Care	<ul style="list-style-type: none"><li>Consultations</li><li>Antenatal care (ANC)</li><li>Routine vaccination</li><li>Delivery support</li></ul>	1 refrigerator, 1 suction machine (no electricty), 1 autoclave
General Medicine	<ul style="list-style-type: none"><li>Consultations</li></ul>	1 stethoscope, 1 blood pressure monitor
Outpatient	<ul style="list-style-type: none"><li>Consultations</li><li>Medication provision</li></ul>	See Table 3: Availability of Essential Medicines
Emergency	<ul style="list-style-type: none"><li>Referral to Medecins Sans Frontieres in Bentiu Protection of Civilians site</li></ul>	

### Table 3: Availability of Essential Medicines

PHCC received medications from MOH every three months. However, medications were not consistently delivered on time and often did not include all essential medications. The most recent delivery had reportedly occurred over six months before the site visit date.

Qty <sup>5</sup>	Exp. Date	Description	Unit
12	Apr 2018	Albendazole	200mg chewable tablet
3	Mar 2019	Amoxicillin	250mg capsule
Absent		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
8	Dec 2017	Artesunate + amodiaquine (child)	100mg+270mg
4	Sep 2018	Artesunate + amodiaquine (infant)	25mg+67.5mg
14	Mar 2018	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
2	May 2019	Chlorpheniramine maleate	4mg scored tablet
Absent		Ciprofloxacin	500mg tablet
42	Aug 2018	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
1	Dec 2018	Cotrimoxazole	100mg+20mg tablet
4	July 2018	Cotrimoxazole	400mg+80mg scored tablet
33	Feb 2019	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
8	Mar 2018	Ferrous sulphate	200mg + folic acid 0.25mg
110	Mar 2019	Fluconazole	100mg tablet
1	Jan 2019	Gentamycin	40mg/ml, 2ml amp
Absent		Gentamycin eye/ear drops	0,3 % 10ml bottle
Absent		Hyoscine butylbromide	10mg tablet
22	Mar 2019	Low sodium oral rehydration salts	Dilution to 1l solution
72	Jun 2018	Malaria RDT	25 tests/box
22	Oct 2020	Methyldopa	250mg tablet
21	Mar 2019	Metronidazole	200mg tablet
100	Mar 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
11	Mar 2018	Multivitamin	Film coated tablet
8	Sep2017	Oxytocin	10 IU, amp/1ml
8	May 2020	Paracetamol	500mg double scored tablet
Absent		Paracetamol	Suspension, 120mg/5ml, 60ml bottle
150	May 2018	Povidone-iodine	10% B/ 200ml
Absent		Promethazine	25mg/ml, 2ml amp
300	May 2019	Quinine dihydrochloride	Injection 600mg/2ml amp
2	Mar 2020	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
24	Mar 2020	Sulphadoxine+pyrimethamine	500/25mg tablet
202	July 2017	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
106	Apr 2018	Urine pregnancy test strips	50 tests/box
9	Mar 2019	Vitamin A (retinol)	200,000IU caplet
18	Apr 2019	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.