

**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 general medicine outpatient ward



2017. This factsheet summarises the key findings of a monitoring and verification visit to Sika Hadid Primary Healthcare Center (PHCC) implemented under HPF2 Lot 5 through Healthnet TPO in Wau County, Western Bahr el Ghazal on 18 May 2017.

Facility Overview

Facility Name:	Sika Hadid PHCC
Type of Facility:	PHCC
Location:	Wau County, Western Bahr el Ghazal
Hours of Operation	Outpatient: 9:00 - 15:00
Healthnet HPF2	
Contract Start Date:	6 April 2017 <sup>4</sup>
Healthnet HPF2	
Contract End Date:	February 2018
Staffing:	9 medical officers - 1 lab technician, 1 lab technician assistant, 4 midwives, 3 nurse non-specialists (4 staff present on site visit day)
Reported Utilisation	▪ 1,293 curative consultations for under-fives
Rates for January	▪ 2,336 curative consultations for over-fives
and February 2017:	▪ 2 births in facility with skilled birth attendant

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of Healthnet technical proposal and work plan
  - Remote verification of project site (phone interviews and email correspondence)
  - Two Key Informant Interviews (KIs) with Healthnet Programme Manager and Programme Coordinator for Congregation of Salesian Sisters
  - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 5 Consortium Overview

HPF2 Lot 5 is administered through Cordaid, Healthnet and Action for Development (AFOD). Sika Hadid PHCC is implemented through Healthnet and administered through Congregation of Salesian Sisters.

Lot 5 partners	Type of health specialisation	No. and type of health facilities
Cordaid	Secondary healthcare	2 hospitals
Healthnet TPO	Primary healthcare	19 PHCCs, 51 Primary Healthcare Units (PHCUs)
AFOD	Nutrition	Undetermined at time of visit

Summary of Findings

The site visit revealed a clean and sparsely furnished facility with functioning lights, uniformed staff and functional equipment. The programme coordinator did not report any rigorous quality assurance mechanisms in place, although he indicated regular staff supervision. In terms of beneficiary accountability, staff reportedly collected feedback during daily facility-level health outreach. The programme coordinator reported that staff met twice monthly to discuss challenges in service provision and once monthly for workshops. The facility provided medications on a cost-share basis with patients. In terms of the consortium structure, the strengths of each partner were their respective areas of specialisation (AFOD in nutrition, Healthnet in primary care and Cordaid in secondary and tertiary care). Challenges to working with partners involved: issues with pre-financing and reimbursement (AFOD), delays in reimbursement (Healthnet) and occasional delays in service provision (Cordaid).

Strengths	Challenges
<div>1. <b>Funding:</b> programme coordinator reported that HPF2 provided essential funding for continued service provision.</div> <div>2. <b>Consortium structure:</b> programme coordinator indicated that the consortium structure was helpful for programme implementation by allowing each implementing partner to focus on their specialisation.</div>	<div><b>External</b></div> <div>1. <b>Insecurity:</b> programme coordinator reported difficulty in recruiting highly qualified staff, as many staff left after the conflict of July 2016.</div> <div><b>Internal<sup>5</sup></b></div> <div>2. <b>Funding amount:</b> the decrease in funding from HPF1 to HPF2 required a reduction in human resources and medical services.</div> <div>3. <b>Length of funding:</b> programme coordinator highlighted that the funding length for HPF2 was too short and did not provide sufficient time to build on the success of HPF1.</div> <div>4. <b>Reimbursement:</b> programme coordinator reported that the cash transfers received through HPF2 took too long to be received at the field office, affecting programme implementation.</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. Programming under HPF2 reportedly initiated on 16 November 2016.  
5. 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).

# HPF2 Project Factsheet: Sika Hadid PHCC, Lot 5

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

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

- Latrines: 5 functional latrines
- Liquid waste disposal: septic tank
- Solid waste disposal: outdoor pit
- Potable water source: borehole

#### Communication

- 1 mobile phone

#### Power Source

- Generator from 9:00-15:00 and for emergencies
- Solar power for lighting and fans

#### 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>Vaccinations</li><li>Nutrition screening</li></ul>	None
Maternal Care	<ul style="list-style-type: none"><li>Antenatal Care (ANC)</li><li>Emergency deliveries</li></ul>	None
General Medicine	<ul style="list-style-type: none"><li>General consultations</li><li>Rapid Diagnostic Tests for malaria, typhoid, syphilis, pregnancy, urine and stool</li><li>Dental cleaning</li></ul>	1 microscope, 1 refrigerator, 1 freezer, 1 centrifuge, 1 dentist chair
Outpatient Pharmacy	<ul style="list-style-type: none"><li>Medication provision</li></ul>	None

### Table 3: Availability of Essential Medicines

Essential medicines were reportedly requested through the Ministry of Health or through a Catholic order (Fathers of the Saint Joseph Congregation of Priests) on a bi-weekly basis, although stockouts reportedly occurred when medicines were not available in the market.

✓ Physically inventoried during site visit

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