

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 2017. This factsheet summarises the key findings of a monitoring and verification visit

Figure 1: Photo of PHCU Entrance



to Khaltok Primary Healthcare Unit (PHCU) implemented through CUAMM Doctors for Africa (CUAMM) in Awerial County, Lakes State on 19 May 2017.

Facility Overview

Facility Name:

Kalthok PHCU

Type of Facility:

PHCU

Location:

Awerial County, Lakes

Hours of Operation:

Outpatient: 8:30 - 17:30

CUAMM HPF2

Contract Start Date:

16 November 2017

CUAMM HPF2

Contract End Date:

Not reported

Staffing:

5 staff in total, including 2 medical officers - 2 outreach workers (2 were present on site visit day)

Reported Utilisation

Rates for January and February 2017:

457 curative consultations for under-fives

1,331 curative consultations for over-fives

Monitoring Methodology

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

Table 1: Lot 8 Consortium Overview

Lot 8 is administered solely through CUAMM.

| Lot 8 partner | Type of health specialisation | No. and type of health facilities |
|---------------|----------------------------------|---|
| CUAMM | Primary and Secondary healthcare | 2 Hospitals, 13 Primary Healthcare Clinics (PHCCs) and 36 PHCUs |

Summary of Findings

Khaltok PHCU offered basic outpatient services including immunisation, nutrition screenings and child and adult medical consultations. The site visit revealed a facility that required maintenance and renovation. The overall level of sanitation at the facility was low. Medications were stored in decomposing boxes on the floor, furniture was broken and the facility had a reported bat problem that created such a strong smell that it was difficult to work inside the facility. The facility did not have access to a source of drinking water and did not have hand washing stations available. Additionally, the PHCU had no communication devices outside of staff members’ personal devices. Although Mingkaman PHCC had an ambulance available roughly 15km away, phone network was weak in Kalthok and staff did not have other means of communication. The Key Informant (KI) recommended upgrading Khaltok PHCU to a PHCC in order to fit the community size. The KI also recommended streamlining the medicine supply chain because the current procurement system often left the facility without basic medicine to treat patients for prolonged periods of time.

| Strengths | Challenges |
|---|---|
| <div><div>1. Community outreach: the facility reportedly had two outreach workers who provided information about services offered in the PHCU at least twice a week in the community.</div><div>2. Beneficiary accountability: the facility was reportedly receiving complaints and feedback through its collaboration with a Village Health Committee.</div></div> | <div><div>External</div><div><div>1. Handover: CUAMM acquired Kalthok PHCU under HPF2 from an unspecified NGO. The handover was reportedly problematic, delaying activity implementation under CUAMM.</div><div>2. Inflation: staff salaries had reportedly not been indexed to take account of the depreciation of the South Sudanese Pound, contributing to high absenteeism. Staff request to be paid in hard currency (US dollars).</div></div><div><div>Internal⁴</div><div><div>3. Emergency transportation: KI reported that the facility shared an ambulance with Mingkaman PHCC. However, due to limited phone network, the ambulance was largely inaccessible to the PHCU.</div><div>4. Transportation: Emergency Programme on Immunisation (EPI) staff could not reach distant villages due to a lack of transportation, leading vulnerable community members without access to services.</div><div>5. Sanitation: the facility had poor sanitation (rodent infestation) and was in need of renovation.</div><div>6. Procurement: there were reportedly frequent delays with the receipt of essential medicines. Staff members reported that under HPF1 medications were received weekly as compared to under HPF2 which were received monthly.</div></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).

HPF15 Project Factsheet: Khaltok PHCU, Lot 8

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, septic box for syringes
- Liquid waste disposal: none
- Solid waste disposal: contracted out
- Potable water source: none

Communication

- None

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 |
|----------------|---|-------------------|
| General Health | <ul style="list-style-type: none">EPI outreachAdult and child consultationsNutrition screeningsEmergency dressings | 1 refrigerator |

Table 3: Availability of Essential Medicines

Essential medicines were reportedly requested from HPF through CUAMM.

| Qty ⁵ | Exp. Date | Description | Unit |
|------------------|------------|--|---|
| 9 | Jan, 2019 | Albendazole | 200mg chewable tablet |
| Absent | | Amoxicillin | 250mg capsule |
| Absent | | Amoxicillin (dry powder) | 250mg/5ml bottle/100 ml |
| Absent | | Artemether | Injection 40mg/ml amp |
| Absent | | Artemether | Injection 80mg/ml amp |
| 10 | Aprl, 2018 | Artesunate + amodiaquine (adult) | 100mg+270mg |
| 3 | Dec, 2017 | Artesunate + amodiaquine (child) | 100mg+270mg |
| 8 | Dec, 2017 | 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 |
| 2 | May, 2020 | Ciprofloxacin | 500mg tablet |
| Absent | | Ciprofloxacin | Injection (0.2%w/v) 200mg/100ml |
| Absent | | Cotrimoxazole | 100mg+20mg tablet |
| 5 | Mar, 2020 | Cotrimoxazole | 400mg+80mg scored tablet |
| Absent | | Dextrose | 5% bottle/ 500ml + infusion set |
| Absent | | Diclofenac | Sodium for injection 75mg/3ml amp/3ml |
| 1 | Jan, 2019 | Diclofenac sodium | 25mg enteric coated tablet |
| 2 | Aug, 2018 | Doxycycline | 100mg (as hyclate) scored tablet |
| 16 | Mar, 2019 | Ferrous sulphate | 200mg + folic acid 0.25mg |
| 17 | Feb, 2019 | Fluconazole | 100mg tablet |
| Absent | | Gentamycin | 40mg/ml, 2ml amp |
| Absent | | Gentamycin eye/ear drops | 0,3 % 10ml bottle |
| 2 | Mar, 2019 | Hyoscine butylbromide | 10mg tablet |
| 150 | Aug, 2018 | Low sodium oral rehydration salts | Dilution to 1l solution |
| 15 | June, 2018 | Malaria RDT | 25 tests/box |
| Absent | | Methyldopa | 250mg tablet |
| Absent | | Metronidazole | 200mg tablet |
| Absent | | Metronidazole (dry powder) | Suspension 200mg/5ml/100ml |
| 2 | Mar, 2018 | Multivitamin | Film coated tablet |
| Absent | | Oxytocin | 10 IU, amp/1ml |
| Absent | | Paracetamol | 500mg double scored tablet |
| 1 | Mar, 2019 | 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 |
| 3 | Aug, 2017 | Sodium lactate compound solution (ringers lactate) | Bag/500ml+ infusion set |
| 16 | Mar, 2019 | 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 |
| Absent | | Urine pregnancy test strips | 50 tests/box |
| 5 | Dec, 2017 | Vitamin A (retinol) | 200,000IU caplet |
| Absent | | Water for injection | 10 ml, plastic vial |
| 5 | May, 2018 | 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.

