

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

Figure 1: Photo of PHCU entrance



to Kuom Primary Healthcare Unit (PHCU) implemented under HPF2 Lot 11 through the American Refugee Committee (ARC) in Aweil Centre County, Northern Bahr el Ghazal on 15 May 2017.

Facility Overview

- Facility Name: Kuom PHCU
- Type of Facility: PHCU
- Location: Aweil Centre County, Northern Bahr el Ghazal
- Hours of Operation: Outpatient: 8:30 - 17:30
- ARC HPF2 Contract Start Date: 16 November 2016
- ARC HPF2 Contract End Date: Not reported
- Staffing: 3 staff in total, including 2 medical officers - 1 nurse non-specialist and 1 outreach worker (1 staff member present on site visit day)
- Reported Utilisation Rates: Not reported

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Remote verification of project sites (phone interviews and email correspondence)
  - Two Key Informant Interviews (KIIs) with PHCU Administrator and ARC Project Manager
  - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 11 Consortium Overview

HPF2 Lot 11 is administered through ARC, the Malaria Consortium and AWODA. Kuom PHCU is implemented by ARC.

Lot 11 partners	Type of health specialisation	No. and type of health facilities
Malaria Consortium	Primary, secondary healthcare and nutrition	Not provided
ARC	Primary and secondary healthcare	1 hospital, 4 Primary Health-care Centre (PHCCs), 12 PHCUs
AWODA	Nutrition	Not provided

Summary of Findings

The site visit revealed a clean and organised facility that offered outpatient services with limited staffing. The physical PHCU structure was old and could benefit from renovations. The limited medical equipment in the facility was functional. At the time of the visit, the staff member present was not wearing a uniform. All services at the PHCU, including essential medicines, were reportedly provided free to patients. Key Informants (KIs) reported several improvements from HPF1 to HPF2, including a more streamlined reporting process allowing more time for medical service provision, and improvement in resource and information sharing through the HPF2 consortium structure. In terms of challenges, the facility struggled to recruit qualified staff and had experienced medication stockouts due to an unknown disagreement between the county and state level health departments. The PHCU Administrator recommended improving the speed of reimbursement for facility expenses as the current reimbursement process from HPF was reportedly time intensive. The facility Administrator also recommended increasing funding to better retain qualified staff.

Strengths	Challenges
<div>1. <b>Quality assurance:</b> the facility reportedly formed a community health committee to monitor the supply and use of essential medicines.</div> <div>2. <b>Coordination:</b> the consortium structure of HPF2 improved coordination across partners by facilitating information and resource sharing.</div>	<div>External</div> <div>1. <b>Inflation:</b> staff salaries had reportedly not changed to reflect the depreciation of the South Sudanese Pound.</div> <div>Internal<sup>4</sup></div> <div>2. <b>Motivation:</b> a decrease in salary from HPF1 to HPF2 had reportedly created low morale among staff.</div> <div>3. <b>Staffing:</b> the facility was reportedly understaffed due to a scarcity of qualified personnel in the area, especially because skilled personnel tended to leave for better paid positions.</div> <div>4. <b>Procurement:</b> frictions between the County Health Department and the State Ministry of Health reportedly caused monthly medication stockouts as the essential medicines procurement process required cooperation between the two levels of government.</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).

# HPF10 Project Factsheet: Kuom PHCU, Lot 11

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

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

- Latrines: 1 functional latrines, 0 functional toilets
- Clinical waste disposal: outdoor pit
- Liquid waste disposal: not reported
- Solid waste disposal: open burning and outdoor pit
- Water source: borehole

#### Communication

- 1 mobile phone

#### Power Source

- None

#### 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/ Medication
Child Health	<ul style="list-style-type: none"><li>Growth monitoring</li><li>Nutrition</li><li>Immunisation</li></ul>	1 respiratory rate timer, 1 Middle Upper Arm Circumference (MUAC) tape, 1 weighing scale, 1 thermometer
General Health	<ul style="list-style-type: none"><li>General outpatient consultations</li><li>Routine health data management</li></ul>	1 blood pressure monitor, 1 thermometer, 1 stethoscope

### Table 3: Availability of Essential Medicines

Essential medicines were requested through the County Health Department and State Ministry of Health or from HPF through Malaria Consortium. Limited communication between the county and state health departments had affected the procurement process. The clinic most frequently stocked out of paracetamol and antimalarials.

Qty <sup>5</sup>	Exp. Date	Description	Unit
Absent		Albendazole	200mg chewable tablet
Absent		Amoxicillin	250mg capsule
Absent		Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
30	Nov 2017	Artemether	Injection 40mg/ml amp
Absent		Artemether	Injection 80mg/ml amp
Absent		Artesunate + amodiaquine (adult)	100mg+270mg
1	Jun 2019	Artesunate + amodiaquine (child)	100mg+270mg
12	May 2019	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
7	Mar 2018	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
1	May 2020	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
1	July 2018	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
20	Dec 2017	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.