

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 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 PHCU entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Malual Muok Primary Healthcare Unit (PHCU) implemented through HPF2 Lot 10 by Comitato Collaborazione Medica (CCM) in Tonj County, Warrap on 18 May 2017.

Facility Overview

Facility Name:	Malual Muok PHCU
Type of Facility:	PHCU
Location:	Tonj South County, Warrap
Hours of Operation:	Outpatient: 8:00 - 17:00
CCM HPF2 Contract Start Date:	16 November 2016
CCM HPF2 Contract End Date:	Not reported
Staffing:	8 clinical officers, all of which were community outreach workers (8 staff present during the site visit)
Reported Utilisation Rates for January and February 2017:	371 curative consultations for under-fives 486 curative consultations for over-fives

Monitoring Methodology

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

Table 1: Lot 10 Consortium Overview

HPF2 Lot 10 is administered through CCM and World Vision International (WVI). Malual Muok PHCU was implemented by CCM.

Lot 10 partners	Type of health specialisation	No. and type of health facilities
CCM	Primary and secondary health care, nutrition	2 hospitals, 4 Primary Healthcare Centres (PHCCs), 17 PHCUs
WVI	Primary healthcare	4 PHCCs, 9 PHCUs

Summary of Findings

The site visit revealed a clean, moderately furnished facility providing outpatient medical services during the day. An assessment of medical equipment showed that most medical equipment, except the blood pressure monitor, was functional. However, the centre did not have a functioning latrine and a KI reported that furniture purchased under HPF1 was decaying. Key informants reported that the diminution of funding under HPF2 had created challenges in staff retention. The depreciation of the South Sudanese Pound (SSP) had further exacerbated staff grievances about salary levels. The PHCU did not have access to an emergency vehicle, but benefitted from the use of an on-call ambulance located at Tonj Hospital where emergency cases were referred. The key informants reported frequent stockouts of antimalarial antibiotics, amoxicillin and paracetamol. Additionally, the absence of communication devices at the facility forced the PHCU to depend on employees’ devices and airtime for emergencies. A CCM technical team reportedly ensured quality assurance through periodic supervision of staff activities, monthly reporting and quarterly comprehensive supervision. To ensure beneficiary accountability, CCM developed a patient exit form which was compiled and analysed on a monthly basis to produce recommendations. The key informants recommended that HPF strengthen the reimbursement processes, as delayed reimbursement affected operations. The programme manager expressed concern regarding the continuity of funding once HPF ends in 2018. The constant search for funds reportedly affected health programme planning.

Strengths	Challenges
<p>1. Capacity building: HPF2 provided specific support for capacity building and staff training. The last training that took place was reportedly a training on referral systems and protocols on 18 March 2017.</p>	<p>External</p> <p>1. Inflation: staff salaries had reportedly not changed to reflect depreciation of the SSP.</p> <p>2. Insecurity: the temporary closure of the Wau-Tonj road has increased the time for transportation of purchased assets, commodities and medications (particularly during the rainy season).</p> <p>Internal⁴</p> <p>3. Funding amount: a decrease in funding from HPF1 to HPF2 led to the reduction of staff salaries and the resignation of a number of qualified staff before the start of HPF2.</p> <p>4. Logistics: poor road conditions during the rainy season placed major stress on vehicles and increased travel time, which was especially an issue as ice for the cold chain needed to be replenished every three days.</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).

HPF5 Project Factsheet: Malual Muok PHCU, Lot 10

Third Party Monitoring for DFID Essential Services Team

Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines: 0 functional latrines or toilets
- Clinical waste disposal: steel drum for incineration or delivery to Tonj County Hospital
- Liquid waste disposal: open pit
- Solid waste disposal: open pit
- Water source: borehole

Communication

- None

Power Source

- None

Transportation

- No facility vehicle; ambulance available on call from Tonj County Hospital

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
General Health	<ul style="list-style-type: none">Over-five consultationsVaccinationsNutrition screening	1 stethoscope, 1 thermometer, 1 vaccine carrier case, 1 cold box, 1 blood pressure monitor
Maternal Health	<ul style="list-style-type: none">Antenatal Care (ANC)Community Traditional Birth Attendant (TBAs) servicesReferral service for delivery complicationsVaccination	None
Child Health	<ul style="list-style-type: none">Under-five consultationsVaccinationsReferral service for malaria, pneumonia and severe malnutritionNutrition services	1 height board, 1 hanging scale, 1 baby scale

Table 3: Availability of Essential Medicines

Procurement of essential medicines was made through a bulk order placed to Juba every three months for HPF approval. Rapid inflation required that the process be repeated if market prices shifted significantly from the start of procurement.

Qty ⁵	Exp. Date	Description	Unit
2000	Jan, 2019	Albendazole	200mg chewable tablet
30	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
Absent		Artesunate + amodiaquine (child)	100mg+270mg
Absent		Artesunate + amodiaquine (infant)	25mg+67.5mg
100	Aug, 2017	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
1000	Mar, 2020	Cotrimoxazole	400mg+80mg scored tablet
Absent		Dextrose	5% bottle/ 500ml + infusion set
Absent		Diclofenac	Sodium for injection 75mg/3ml amp/3ml
1000	Mar, 2019	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
100	Feb, 2018	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
2000	May, 2017	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
700	Aug, 2017	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		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
540	Dec, 2017	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.

