

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

Figure 1: Photo of general medicine outpatient ward



2017. This factsheet summarises the key findings of a monitoring and verification visit to Mingkaman Primary Healthcare Center (PHCC) implemented under HPF2 Lot 8 through CUAMM Doctors in Africa (CUAMM) in Awerial County, Lakes State, on 17 May 2017.

Facility Overview

**Facility Name:**

Mingkaman PHCC

**Type of Facility:**

PHCC

**Location:**

Awerial County, Lakes

**Hours of Operation:**

Outpatient: 8:30 - 17:30  
Emergencx: 24 hours/day

**CUAMM HPF2**

**Contract Start Date:**

16 November 2017

**CUAMM HPF2**

**Contract End Date:**

Not reported

**Staffing:**

15 staff in total, including 4 clinical officers - 1 medical officer, 1 nurse non-specialist, 1 pharmacy technician, 1 outreach worker (13 staff were present on site visit day)

**Reported Utilisation**

**Rates for January and February 2017:**

- 1,362 curative consultations for under-fives
- 2,288 curative consultations for over-fives
- 4 births in facility with skilled birth attendant

Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

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

Table 1: Lot 8 Consortium Overview

Lot 7 is administered solely through CUAMM Doctors for Africa.

Lot 8 partners	Type of health specialisation	No. and type of health facilities
CUAMM	Primary and secondary healthcare	2 hospitals, 6 PHCC and 17 Primary Healthcare Units (PHCUs)

Summary of Findings

Mingkaman PHCC provided both outpatient and inpatient services. The facility was also open 24 hours/7 days per week for emergencies. The site visit revealed a clean and appropriately furnished facility with well-organised storage rooms. At the time of the visit the PHCC faced challenges with staff absenteeism. The Key Informant (KI) noted that less than half of staff members regularly attended work, reportedly because some of the staff had not been paid since the end of their previous contract a few months prior. Staff were not wearing identification and less than half were wearing uniforms. The KI reported that the facility was engaged in both radio messaging and community-based outreach to advertise the services offered at the PHCC. In terms of challenges, the KI reported that the facility often experienced medicine stockouts related to the County Health Department that stored a portion of medications. The KI reported that the PHCC vehicle was not always available to transport medications from the County Health Department, as the vehicle served as an ambulance. Although the partnership with CUAMM had only initiated in May 2017, the KI reported that staff members were satisfied with a recent renovation of the facility and rehabilitation of its borehole.

Strengths	Challenges
<div><div>1. <b>Sanitation:</b> the facility was clean and had handwashing stations with soap, although there was no water available at the time of the visit.</div><div>2. <b>Community outreach:</b> the PHCC conducted radio messaging to advertise their services and had two community outreach workers engaged in community-based messaging three times per week.</div><div>3. <b>Infrastructure:</b> under HPF2 CUAMM had reportedly renovated the facility and rehabilitated the borehole.</div></div>	<div><div><b>External</b><div>1. <b>Community buy-in:</b> decreased financial support and logistical capacity within the PHCC had reportedly led to conflicts between staff and community members who believed the facility provided poor quality services.</div></div><div><b>Internal<sup>4</sup></b><div>2. <b>Staffing:</b> since the transition from HPF1 to HPF2, a number of staff had reportedly not been paid, resulting in a level of absenteeism noticeable during the site visit.</div><div>3. <b>Medical equipment:</b> multiple pieces of equipment used for outpatient services were broken at the time of the visit, including a blood pressure machine and two of three weighing scales.</div><div>4. <b>Procurement:</b> KI reported frequent medication stockouts because medications were stored in the County Health Department facility and required use of the only facility vehicle.</div><div>5. <b>Complaint mechanisms:</b> although KI reported that patients were provided with medical cards for feedback, it is worth noting that a majority of patients were illiterate thus cards did not provide the most effective feedback mechanism.</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).

# HPF16 Project Factsheet: Mingkaman PHCC, Lot 8

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

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

- Latrines: 4 functional latrines
- Liquid waste disposal: no disposal
- Solid waste disposal: incinerator
- Clinical waste disposal: incinerator
- Potable water source: borehole

#### Communication

- 1 mobile phone

#### Power Source

- Solar power but solar batteries were not working at time of site visit

#### Transportation:

- 1 vehicle

### 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
Child Health	<ul style="list-style-type: none"><li>▪ Under-five consultations</li></ul>	None
Maternal Health	<ul style="list-style-type: none"><li>▪ Antenatal Care (ANC)</li><li>▪ Outreach through Traditional Birth Attendants</li><li>▪ Uncomplicated delivery</li></ul>	None
General Health	<ul style="list-style-type: none"><li>▪ Community mobilisation</li><li>▪ General consultations and treatment</li></ul>	1 Acute Respiratory Infection (ARI) timer, 1 blood pressure monitor, 3 weighing scales
Emergency Health	<ul style="list-style-type: none"><li>▪ Trauma consultations</li><li>▪ Severe malaria</li><li>▪ Asthma attacks</li><li>▪ Pneumonia and diarrhoea treatment</li></ul>	None
Laboratory	<ul style="list-style-type: none"><li>▪ Diagnostic testing</li></ul>	1 centrifuge machine, 1 lab rotator, 1 microscope, 1 HCB machine for anaemia

### Table 3: Available Inpatient Services

Inpatient 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>▪ Stabilisation centre</li></ul>	1 functioning weighing scale, 1 height board
General Health	<ul style="list-style-type: none"><li>▪ Treatment of illness</li></ul>	None

### Table 4: Availability of Essential Medicines

Essential medicines were reportedly requested through the Ministry of Health (MOH) or from HPF through CUAMM.

Qty <sup>5</sup>	Exp. Date	Description	Unit
20	Mar 2019	Albendazole	200mg chewable tablet
2	Aug 2017	Amoxicillin	250mg capsule
Absent		Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
2	Apr 2018	Artemether	Injection 40mg/ml amp
2	Apr 2018	Artemether	Injection 80mg/ml amp
18	Apr 2018	Artesunate + amodiaquine (adult)	100mg+270mg
34	Dec 2017	Artesunate + amodiaquine (child)	100mg+270mg
Absent		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
1	Sept 2018	Benzathine benzylpenicillin	2.4M IU, vial
1	May 2018	Benzylpenicillin	1M IU, vial
19	July 2018	Ceftriaxone	Powder for injection 1mg vial
9	Oct 2017	Chlorpheniramine maleate	4mg scored tablet
2	Feb 2019	Ciprofloxacin	500mg tablet
2	May 2017	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
3	Mar 2020	Cotrimoxazole	100mg+20mg tablet
Absent		Cotrimoxazole	400mg+80mg scored tablet
9	May 2017	Dextrose	5% bottle/ 500ml + infusion set
Absent		Diclofenac	Sodium for injection 75mg/3ml amp/3ml
Absent		Diclofenac sodium	25mg enteric coated tablet
2	Jun 2018	Doxycycline	100mg (as hyclate) scored tablet
6	Mar 2019	Ferrous sulphate	200mg + folic acid 0.25mg
20	Mar 2019	Fluconazole	100mg tablet
Absent		Gentamycin	40mg/ml, 2ml amp
Absent		Gentamycin eye/ear drops	0,3 % 10ml bottle
Absent		Hyoscine butylbromide	10mg tablet
4	May 2017	Low sodium oral rehydration salts	Dilution to 1l solution
1	May 2017	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
2	May 2020	Paracetamol	500mg double scored tablet
Absent		Paracetamol	Suspension, 120mg/5ml, 60ml bottle
1	May 2017	Povidone-iodine	10% B/ 200ml
1	Aug 2017	Promethazine	25mg/ml, 2ml amp
2	May 2018	Quinine dihydrochloride	Injection 600mg/2ml amp
Absent		Quinine sulphate	300mg film coated
Absent		Ranitidine	150mg tablet - blisterpack
1	Mar 2019	Salbutamol	4mg tablet - blisterpack
Absent		Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion set
1	May 2017	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
Absent		Tetracycline eye ointment	1% 5g tube
1	May 2017	Urine pregnancy test strips	50 tests/box
5	Mar 2019	Vitamin A (retinol)	200,000IU caplet
20	Jan 2019	Water for injection	10 ml, plastic vial
7	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.