

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 to

Figure 1: Photo of Kerwa PHCC



Kerwa Primary Healthcare Centre (PHCC) implemented through HPF2 Lot 20 through American Refugee Committee (ARC) in Kajo-Keji County, Central Equatoria on 25 April 2017.

Facility Overview

Facility Name:	Kerwa PHCC
Type of Facility:	PHCC
Location:	Kajo-Keji County, Central Equatoria
Hours of Operation:	Outpatient: 8:30 - 17:00
ARC HPF2 Contract Start Date:	Not finalised as of site visit date
ARC HPF2 Contract End Date:	Not reported
Staffing:	10 staff in total - 3 clinical officers (diploma), 1 medication dispenser, 1 assistant dispenser, 2 lab technicians, 2 midwives, 1 certified nurse (6 staff members 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)
 - 1 Key Informant Interview (KII) with acting County Health Coordinator
 - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 20 Consortium Overview

HPF2 Lot 20 is administered through ARC, Action Africa Help International (AAHI) and South Sudan Health Association (SSUHA). Kerwa PHCC is implemented by ARC.

Lot 20 partners	Type of health specialisation	No. and type of health facilities
ARC	Primary and secondary healthcare	4 PHCCs, 11 Primary Health-care Units (PHCUs) ⁴
AAHI	Primary healthcare	Not reported
SSUHA	Nutrition	Not reported

Summary of Findings

The site visit revealed a clean facility with functional hand washing stations. Approximately half of present staff were wearing uniforms. In terms of beneficiary accountability, the PHCC reportedly benefitted from a Boma Health Committee composed of community members who provided feedback on community needs. In terms of the consortium structure, the ARC Health Coordinator reported that AAHI provided health system strengthening support, but created a challenge for ARC to connect directly to the donor as all communications were channeled through AAHI to HPF. The Health Coordinator did not provide feedback on SSUHA as the organisation was not responsible for the site visited.

The HPF2 objective of transitioning health provision from NGOs to the government had reportedly reduced the funding amount for facility staffing as compared to HPF1. The Health Coordinator emphasised that the insecurity in Kajo Keji created an emergency more suitable for humanitarian response (as provided in HPF1) than development (as provided in HPF2) and recommended that HPF2 continue to support basic health service provision rather than focus on transitioning service provision through the County Health Department.

Strengths	Challenges
<p>1. Coordination: under HPF1, ARC liaised directly with HPF for technical support and supply procurement. Under HPF2, ARC joined the consortium with AAHI as the lead. During this transition, AAHI provided an office space for an ARC staff member to work, facilitating coordination under HPF2.</p>	<p>External</p> <p>1. Insecurity: insecurity was the greatest external challenge faced by HPF2 partners in Kajo Keji. In total only 11 of 35 PHCUs and 4 of 8 PHCCs under ARC were functional due to insecurity. The only hospital in this lot, Kajo Keji Main Hospital, was evacuated due to insecurity and had not reopened.</p> <p>Internal⁵</p> <p>2. Inconsistent pay: under HPF2, staff pay transitioned to the County Health Department for a portion of staff, which did not pay staff consistently, leading to low motivation and absenteeism.</p> <p>3. Quality assurance: Health Coordinator reported that although quality assurance mechanisms were in place for essential medicines - drug tracer reporting, removal of expired medications - rigorous quality assurance mechanisms for services were not in place.</p>

1. OCHA. South Sudan: People Internally Displaced by Violence. Nov. 2016.
2. UNHCR. South Sudan Situation Regional Overview. Dec. 2016.
3. WHO. New initiative to more easily allow people living South Sudan’s rural communities to access health services. Apr 2017.

4. There is 1 hospital, 4 PHCCs and 24 PHCUs in Lot 20, the majority of which are closed due to insecurity. Currently an agreement had been reached with Midigo Hospital in Uganda to receive referrals from Liwolo payam where Ajo and Kerwa PHCUs were located.
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).

HPF13 Project Factsheet: Kerwa PHCC, Lot 20

Third Party Monitoring for DFID Essential Services Team

Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines: 2 functioning latrines
- Clinical waste disposal: incinerated
- Liquid waste disposal: contract for desludging
- Solid waste disposal: burned
- Sanitise equipent: autoclave
- Water source: water truck, water yard

Communication

- 6 mobile phones, clinic based health messaging and megaphone messaging

Power Source

- Solar power (currently not functioning)

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
General Health	<ul style="list-style-type: none">Consultations (under and over five)Treatment of common illnessVaccinationsHealth educationMinor surgeryLab tests	1 blood pressure monitor, 1 stethoscope, 1 weighing scale, 1 thermometer, 1 autoclave, 1 examination table, 1 respiratory timer, 1 Middle Upper Arm Circumference (MUAC) tape
Maternal Health	<ul style="list-style-type: none">Antenatal Care (ANC)Postnatal Care (PNC)DeliveryVaccinationLab tests	1 fetus scope, 1 height board, 1 delivery set, 1 ambu-bag, 1 suction bulb,
Child Health	<ul style="list-style-type: none">Under-five consultationsVaccinationsGrowth monitoringMalnutrition screeningHealth education	1 thermometer, 1 ambu-bag, 1 weighing scale, 1 height board
Emergency Health	<ul style="list-style-type: none">Resuscitation, stabilisation and referral, clinical management of rape, trauma management	1 thermometer

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
General health	<ul style="list-style-type: none">Admission and management of referrals from PHCUs	None
Maternal health	<ul style="list-style-type: none">Admission and medical observationDeliveriesPNC	None
Child health	<ul style="list-style-type: none">Admission and medical observation	None

Table 4: Availability of Essential Medicines

Essential medicines were reportedly procured through ARC and from the Ministry of Health. Stockouts reportedly occurred monthly due to insecurity. Medications were provided to patients free of charge and were stored in shelves and boxes.

Qty ⁶	Exp. Date	Description	Unit
9,058	Aug 2018	Albendazole	200mg chewable tablet
5,000	Mar 2019	Amoxicillin	250mg capsule
120	Mar 2019	Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
96	Apr 2018	Artemether	Injection 40mg/ml amp
absent		Artemether	Injection 80mg/ml amp
575	Mar 2018	Artesunate + amodiaquine (adult)	100mg+270mg
575	Apr 2018	Artesunate + amodiaquine (child)	100mg+270mg
445	Apr 2018	Artesunate + amodiaquine (infant)	25mg+67.5mg
575	Apr 2018	Artesunate + amodiaquine (toddler)	50mg+135mg
108	Mar 2019	Azithromycin	250 mg tablet
30	Dec 2018	Azithromycin	200 mg/5 ml suspension 200 mg/5 ml bottle/15 ml
230	Apr 2019	Benzathine benzylpenicillin	2.4M IU, vial
320	Mar 2019	Benzylpenicillin	1M IU, vial
80	Feb 2019	Ceftriaxone	Powder for injection 1mg vial
1000	Jan 2018	Chlorpheniramine maleate	4mg scored tablet
600	Nov 2018	Ciprofloxacin	500mg tablet
10	May 2019	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
3000	Mar 2019	Cotrimoxazole	100mg+20mg tablet
1000	Mar 2020	Cotrimoxazole	400mg+80mg scored tablet
40	Dec 2018	Dextrose	5% bottle/ 500ml + infusion set
1000	Mar 2019	Diclofenac	Sodium for injection 75mg/3ml amp/3ml
10	Mar 2019	Diclofenac sodium	25mg enteric coated tablet
1000	Mar 2019	Doxycycline	100mg (as hyclate) scored tablet
6000	Oct 2018	Ferrous sulphate	200mg + folic acid 0.25mg
1000	Mar 2019	Fluconazole	100mg tablet
360	Dec 2018	Gentamycin	40mg/ml, 2ml amp
10	Feb 2018	Gentamycin eye/ear drops	0,3 % 10ml bottle
100	Mar 2019	Hyoscine butylbromide	10mg tablet
400	Dec 2018	Low sodium oral rehydration salts	Dilution to 1l solution
300	Feb 2018	Malaria RDT	25 tests/box
Absent		Methyldopa	250mg tablet
14,000	Mar 2019	Metronidazole	200mg tablet
143	Mar 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
5,000	Mar 2018	Multivitamin	Film coated tablet
Absent		Oxytocin	10 IU, amp/1ml
9,000	May 2020	Paracetamol	500mg double scored tablet
240	Mar 2018	Paracetamol	Suspension, 120mg/5ml, 60ml bottle
4	Oct 2018	Povidone-iodine	10% B/ 200ml
Absent		Promethazine	25mg/ml, 2ml amp
260	Feb 2019	Quinine dihydrochloride	Injection 600mg/2ml amp
Absent		Quinine sulphate	300mg film coated
Absent		Ranitidine	150mg tablet - blisterpack
100	Mar 2019	Salbutamol	4mg tablet - blisterpack
40	Dec 2018	Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion set
18	Dec 2016	Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
740	Nov 2018	Sulphadoxine+pyrimethamine	500/25mg tablet
175	Feb 2018	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
7	Mar 2019	Tetracycline eye ointment	1% 5g tube
150	Feb 2018	Urine pregnancy test strips	50 tests/box
300	Jan 2019	Vitamin A (retinol)	200,000IU caplet
1,300	Aug 2017	Water for injection	10 ml, plastic vial
800	Jun 2017	Zinc sulphate	20mg tablet - blisterpack

6. 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.