

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

Figure 1: Photo of PHCU entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Meer Primary Healthcare Unit (PHCU) implemented through Universal Intervention and Development Organisation (UNIDO) in Panyijiar County, Unity on 18 May 2017.

Facility Overview

Facility Name:

Meer Island PHCU

Type of Facility:

PHCU

Location:

Panyijiar County, Unity

Hours of Operation:

Outpatient: 24 hours
Inpatient: 24 hours

UNIDO HPF2

Contract with HPF and sub-contract with International Rescue

Contract Start Date:

Committee (IRC) not signed at time of visit

UNIDO HPF2

Contract End Date:

Not reported

Staffing:

12 staff in total - 1 chief health worker, 11 health workers

Reported Utilisation

Rates for April

2017:

- 824 curative consultations for under-fives
- 828 curative consultations for over-fives
- 7 births in facility with skilled birth attendant

Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Remote verification of project site (phone interviews and email correspondence)
- One Key Informant Interview (KII) with Chief Health Worker
- GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 17 Consortium Overview

HPF2 Lot 17 is administered through the IRC and UNIDO. Duong PHCU is implemented by UNIDO.

Lot 17 partners	Type of health specialisation	No. and type of health facilities
IRC	Primary healthcare	6 PHCU in Ganyiel
UNIDO	Primary healthcare	2 PHCU in Nyal

Summary of Findings

The PHCU was well maintained and well-run given the isolation of Meer Island from nearby markets or towns. The PHCU had the capacity to treat basic illnesses and provide consultations to families on child health. However, increasing the number of trained medical personnel would benefit the facility as they are currently short-staffed. The chief health worker’s greatest reported challenges were the lack of communication with external facilities and and the limited accessibility to nearby settlements. Meer Island is only accessible by canoe and the nearest town, Nyal, is two hours away by canoe. The facility did not have the means to seek external support in the case of a health emergency. The PHCU received enough external financial support for patients to be given all treatments and medicine free of charge. In terms of quality assurance processes, the key informant reported that the PHCU held monthly meetings with the community to understand key needs and desired outcomes. The key informant recommended improving transportation as currently the PHCU had no means of transportation from Meer to Nyal and therefore relied on the personal canoes of community members. The key informant also recommended streamlining the medicine supply chain because the current procurement system often left the facility without basic medicine to treat patients. Finally, the key informant recommended increasing the budget allocated for staffing. In terms of the consortium structure, the key informant reported that UNIDO had high community accep- tance and that IRC provided strong technical support. However, as a small NGO, UNIDO reportedly had low capacity.

Strengths	Challenges
<div><div>1. Funding: HPF2 reportedly provided a significant portion of the PHCU budget, without which the centre could not operate at its size and capacity.</div><div>2. Capacity building: HPF2 reportedly provided support for capacity building and staff training.</div><div>3. Partnership development: the HPF2 consortium structure helped connect the PHCU to partners in the area.</div><div>4. Medicine supply: despite supply chain challenges, HPF2 provided critical support in transporting medicine from Juba to Nyal.</div><div>5. Service provision: Meer Island is an isolated community and without HPF2 it would be difficult to provide the community with basic healthcare.</div></div>	<div><div>External<div><div>1. Isolation: Meer is a small island in the Sudd, north of Nyal. It is only accessible via 2-hour canoe journey.</div><div>2. Inflation: staff salaries had reportedly not changed to reflect the national depreciation of the South Sudanese Pound.</div></div></div><div>Internal⁴<div><div>3. Low staff payment: the low salaries provided by HPF2 had created challenges for staff payment and had contributed to high absenteeism.</div><div>4. Stockouts: due to frequent procurement delays, essential medicines were often out of stock.</div><div>5. Beneficiary accountability: in light of the fact that Meer is a small island, accountability mechanisms were non-existent.</div><div>6. Supply chain: the transportation of purchased assets, commodities and medications was a significant challenge due to poor road infrastructure (particularly during the rainy season) and the exorbitant cost of air travel.</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).

HPF8 Project Factsheet: Meer Island PHCU, Lot 17

Third Party Monitoring for DFID Essential Services Team

Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines: 0 functional latrines
- Clinical waste disposal: fire pit
- Liquid waste disposal: fire pit
- Solid waste disposal: fire pit
- Potable water source: 1 borehole

Communication

- None

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
Pediatric Care	<ul style="list-style-type: none">Under-five consultationsNutrition	1 stethoscope, 1 weighing scale, 1 height board, 2 Middle Upper Arm Circumference (MUAC) tape
General Medicine	<ul style="list-style-type: none">Medication provisionConsultation	1 stethoscope, 1 thermometer, 1 weighing scale

Table 4: Availability of Essential Medicines

The clinic procured essential medicines indirectly from CAIPA UK through the Ministry of Health in Juba. Medicines were delivered via the Logistics Cluster to Nyal, Panyijiar County, Unity and by canoe to Meer Island.

Qty ⁵	Exp. Date	Description	Unit
3	Mar 2019	Albendazole	200mg chewable tablet
1	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
1	Apr 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
1	Mar 2020	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
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
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
1	Mar 2019	Metronidazole	200mg tablet
2	Mar 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
1	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
Absent		Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
1	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
2	Feb 2019	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.

