

## 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 hospital entrance



to Aweil State Hospital implemented under HPF2 Lot 11 through the American Refugee Committee (ARC) in Aweil Centre County, Northern Bahr el Ghazal on 16 May 2017.

## Facility Overview

**Facility Name:** Aweil State Hospital  
**Type of Facility:** Hospital  
**Location:** Aweil Centre County, Northern Bahr el Ghazal  
**Hours of Operation:** Outpatient: 8:30 - 16:00  
 Inpatient (maternal and child health emergencies): 24 hours  
**ARC HPF2 Contract Start Date:** 16 November 2016  
**ARC HPF2 Contract End Date:** Not reported  
**Staffing:** 232 staff in total, including 222 medical officers - 1 physician specialist, 3 medical officers, 12 clinical officers, 1 pharmacist, 2 medical dispensers, 4 assistant dispensers, 2 lab technicians, 1 lab technician assistant, 16 midwives, 70 nurse non-specialists, 10 outreach workers, 100 nurse assistants (40 staff present on the day of the site visit because it was a public holiday)

**Reported Utilisation Rates for April 2017:**

- 24,720 curative consultations for under-fives
- 22,601 curative consultations for over-fives
- 1,208 births in facility with skilled birth attendant

## Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Remote verification of project sites (phone interviews and email correspondence)
- Five Key Informant Interviews (KIIs) with hospital Chief Executive Officer (CEO), Medical Director, Pharmacist, Midwife and County Coordinator of ARC
- 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. Aweil State Hospital 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 health-care	1 hospital, 4 Primary Health-care Centre (PHCCs), 12 Primary Healthcare Units (PHCUs)
AWODA	Nutrition	Not provided

## Summary of Findings

The site visit revealed a clean, renovated and well-furnished facility with a functional lighting system. The facility's medical equipment was found to be functional. Key informants (KIs) indicated that the hospital provided services on a cost-share basis with patients. KIs reported several improvements from HPF1 to HPF2 including increased quantities of essential medicines and improved referral systems. In terms of challenges, HPF2 had decreased the amount of funding received by the hospital. The CEO reported that ARC's prior experience during HPF1 facilitated their management of the hospital under HPF2 but indicated a challenge in that ARC did not support all aspects of hospital programming. The CEO did not provide feedback on the strengths and challenges of working with the other lot consortium partners (Malaria Consortium and AWODA).

### Strengths

- Reporting:** HPF2 reporting requirements were reportedly more focused and less time intensive than under HPF1, allowing staff members to allocate more time to service provision.
- Coordination:** referral systems had reportedly improved from the previous contract due to enhanced coordination among partners.
- Drug supply:** KIs reported an increase in the quantity of drugs supplied from HPF1 to HPF2.
- Accountability:** the hospital reportedly maintained a suggestion box for patients and the CEO personally checked in with patients, using feedback to alter programming. Patient complaints were also reportedly addressed by the hospital board.

### Challenges

#### External

- Inflation:** staff salaries had reportedly not changed to reflect the depreciation of the South Sudanese Pound.
- Reporting:** health partners used different health indicators to measure success of programming, which made standardised reporting difficult.

#### Internal<sup>4</sup>

- Motivation:** a decrease in salary from HPF1 to HPF2 had reportedly reduced staff morale.
- Procurement:** the procurement of supplies had reportedly become more complicated under HPF2 due to the requirement that supplies be requested through Malaria Consortium rather than HPF directly.
- Supply chain:** the transportation of purchased assets, commodities and medications was a significant challenge due to poor road infrastructure and the high cost of air travel.
- Medication stockout:** CEO reported frequent stockouts of antimalarial antibiotics at the peak of the malaria season.

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).

# HPF Project Factsheet: Aweil State Hospital, Lot 11

## Third Party Monitoring for DFID Essential Services Team

### Infrastructure

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

- Latrines: 5 functional latrines, 9 functional toilets
- Clinical waste disposal: incinerator and outdoor pit
- Liquid waste disposal: outdoor pit and septic tank
- Solid waste disposal: burned outside facility
- Water source: water pipe

#### Communication

- Wi-Fi for 20 users, 24 phones and 1 radio

#### Power Source

- Generator 24 hours a day

#### Transportation

- 1 vehicle

### 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>Under-five consultations</li> <li>Expanded Programme on Immunisation (EPI)</li> <li>Growth Monitoring</li> </ul>	1 Middle Upper Arm Circumference (MUAC) tape, 1 weighing machine, 1 thermometer
Maternal Health	<ul style="list-style-type: none"> <li>Antenatal care (ANC)</li> <li>Family Planning</li> <li>HIV testing</li> <li>Prevention of Mother-to-Child Transmission of HIV</li> <li>Postnatal care (PNC)</li> </ul>	1 ultrasound machine, 1 thermometer, 1 blood pressure monitor
General Health	<ul style="list-style-type: none"> <li>Consultations</li> <li>Dressing Set</li> </ul>	1 thermometer, 1 stethoscope, 1 blood pressure monitor
Emergency Health	<ul style="list-style-type: none"> <li>Stool/urine testing, blood testing for immunoglobulin, Hepatitis B, Hepatitis C, syphilis, HIV</li> </ul>	1 thermometer, 1 blood pressure monitor, dressing sets

### 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>Surgery ward</li> <li>Nutrition</li> </ul>	1 weighing machine, 1 thermometer, 1 MUAC tape
Maternal Health	<ul style="list-style-type: none"> <li>ANC</li> <li>Delivery</li> <li>C-section</li> </ul>	1 c-section set, 1 laparotomy set, 1 amputation set, 1 dilation and curettage set, 1 basic surgery set
General Health	<ul style="list-style-type: none"> <li>Admission and monitoring</li> <li>Laboratory tests</li> <li>Blood transfusion</li> </ul>	1 thermometer, 1 blood pressure monitor
Surgery	<ul style="list-style-type: none"> <li>Surgery</li> </ul>	1 basic surgical set, 1 X-ray machine

### Table 4: Comprehensive Emergency Obstetric and Newborn (CEMONC) Services

Skilled birth attendants were reportedly available at the facility 24 hours per day and there was a generator available for emergencies.

✓ Medical services were reported by key informant while medical equipment and/or medications were physically verified by enumerator.

	Medical Services	Medical Equipment/Medication
✓	Parenteral antibiotics	Ampicillin, gentamicin
✓	Uterotonic drugs	Parenteral oxytocin, ergometrin, misoprostol
✓	Parenteral anticonvulsants	Magnesium sulfate
✓	Manual placenta removal	N/A
✓	Removal of retained products following miscarriage/abortion	Manual vacuum extraction, dilation, curettage
✓	Assisted vaginal delivery	Vacuum extraction, forceps
✓	Neonatal resuscitation and intubation	Respirator, bag and mask
✓	Blood transfusion	Blood bank
✓	Birth related surgery	Operating theatre

### Table 5: Availability of Essential Medicines

Essential medicines were reportedly requested through the Ministry of Health or through Malaria Consortium. Stockouts reportedly occurred four times yearly, most frequently for antimalarials during the malaria season.

Qty <sup>5</sup>	Exp. date	Description	Unit
4	Jan 2019	Albendazole	200mg chewable tablet
10	Mar 2019	Amoxicillin	250mg capsule
Absent		Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
5	Apr 2018	Artemether	Injection 40mg/ml amp
Absent		Artemether	Injection 80mg/ml amp
26	Sep 2017	Artesunate + amodiaquine (adult)	100mg+270mg
Absent		Artesunate + amodiaquine (child)	100mg+270mg
100	Apr 2018	Artesunate + amodiaquine (infant)	25mg+67.5mg
Absent		Artesunate + amodiaquine (toddler)	50mg+135mg
Absent		Azithromycin	250 mg tablet
10	May 2019	Azithromycin	200 mg/5 ml suspension 200 mg/5 ml bottle/15 ml
Absent		Benzathine benzylpenicillin	2.4M IU, vial
7	Mar 2019	Benzylpenicillin	1M IU, vial
Absent		Ceftriaxone	Powder for injection 1mg vial
1	Apr 2018	Chlorpheniramine maleate	4mg scored tablet
Absent		Ciprofloxacin	500mg tablet
1	May 2019	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
130	Nov 2018	Cotrimoxazole	100mg+20mg tablet
130	Nov 2018	Cotrimoxazole	400mg+80mg scored tablet
200	No report	Dextrose	5% bottle/ 500ml + infusion set
4	Mar 2019	Diclofenac	Sodium for injection 75mg/3ml amp/3ml
Absent		Diclofenac sodium	25mg enteric coated tablet
6	Mar 2019	Doxycycline	100mg (as hyclate) scored tablet
10	May 2018	Ferrous sulphate	200mg + folic acid 0.25mg
1000	No report	Fluconazole	100mg tablet
9	Dec 2018	Gentamycin	40mg/ml, 2ml amp
Absent		Gentamycin eye/ear drops	0,3 % 10ml bottle
Absent		Hyoscine butylbromide	10mg tablet
100	Jun 2018	Low sodium oral rehydration salts	Dilution to 1l solution
Absent		Malaria RDT	25 tests/box
5	May 2018	Methyldopa	250mg tablet
25	Oct 2018	Metronidazole	200mg tablet
Absent		Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
Absent		Multivitamin	Film coated tablet
Absent		Oxytocin	10 IU, amp/1ml
30	Oct 2020	Paracetamol	500mg double scored tablet
Absent		Paracetamol	Suspension, 120mg/5ml, 60ml bottle
30	Apr 2019	Povidone-iodine	10% B/ 200ml
Absent		Promethazine	25mg/ml, 2ml amp
4	Dec 2018	Quinine dihydrochloride	Injection 600mg/2ml amp
30	Apr 2021	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
1	Dec 2018	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
50	May 2019	Tetracycline eye ointment	1% 5g tube
Absent		Urine pregnancy test strips	50 tests/box
16	Feb 2019	Vitamin A (retinol)	200,000IU caplet
Absent		Water for injection	10 ml, plastic vial
26	Mar 2019	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.