# HPF6 Project Factsheet: Tonj Civil Hospital, Lot 10 Third Party Monitoring for DFID Essential Services Team

## 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

# **Facility Overview**

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Facility Name:	Tonj Civil Hospital	
Type of Facility:	Hospital	
Location:	Tonj South County, Warrap	
Hours of Operation:	Outpatient: 8:30 - 17:00 Inpatient: 24 hours	
CCM HPF2 Contract		
Start Date:	26 June 2016	
CCM HPF2 Contract		
End Date:	Not reported	
Staffing:	60 staff in total, including 24 clinical officers - 4 medical officers, 3 medication dispensers, 2 lab technicians, 3 midwives, 7 nurse non-specialists, 2 enrolled nurses, 3 outreach workers	
Reported Utilisation Rates for January and February 2017:	<ul> <li>1,250 curative consultations for under-fives</li> <li>5,063 curative consultations for over-fives</li> <li>106 births in facility with skilled birth attendant</li> </ul>	

### Figure 1: Photo of hospital entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Tonj Civil Hospital implemented through Comitato Collaborazione Medica (CCM) in Tonj South County, Warrap on 19 May 2017.

## **Monitoring Methodology**

IMPACT utilised the following methodologies to assess this project:

- Remote verification of project site (phone interviews and email correspondence)
- Four Key Informant Interviews (KIIs) with Hospital Administrator, Medical Director, Head Matriarch of Congregation of Salesian Sisters and a 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). Tonj Civil Hospital is 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 to Tonj Civil Hospital revealed a clean, renovated and well-furnished facility offering outpatient, inpatient, Comprehensive Emergency Obstetric and Newborn Care (CEMONC) and emergency services. The hospital had functional medical equipment, including an emergency vehicle. Moreover, the hospital had handwashing stations that were supplied with water and soap at the time of the site visit. In terms of quality assurance mechanisms, staff reportedly collected and analysed data from patient exit forms and programme management increased supervision in areas identified as weak or requiring improvement. In terms of beneficiary accountability, the patient exit forms developed by CCM were analysed on a monthly basis. The hospital administrator recommended increased training in essential services for staff in the event of a halt in external funding. The administrator also suggested that donors visit the facility more often as reports did not capture the reality on the ground.

### Strengths

- 1. **Obstetric services**: HPF2 allowed the hospital to expand obstetric coverage to 24 hours/7 days per week.
- 2. Capacity building: HPF2 increased the number of capacity building activities, which had reportedly resulted in improved service delivery across all departments. Notably, medical training had reportedly increased the type of surgeries conducted in the operating theater.
- **3. Community buy-in**: community outreach had improved community buy-in by extending health messaging to vulnerable community members.
- 4. Community education: the amount of deliveries occuring inside the hospital had reportedly doubled since the beginning of community outreach, reflecting a change in community behaviours and presumably reducing the number of unsafe deliveries in the area.

### External

**1. Inflation**: national market prices had rapidly increased, making previously allocated budgets insufficient.

Challenges

2. Coverage expansion: the hospital formerly serviced Tonj County exclusively, but was now providing secondary and tertiary care to the entire newly formed Tonj state, stretching limited resources.

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

- **3. Funding amount**: HPF2 reduced funding for staff salaries by half in addition to decreasing general funding, resulting in the scale down of activites due to an inability to purchase sufficient supplies.
- 4. Staffing: reduced staff salaries had resulted in the loss of four highly qualified

staff. The hospital was attempting to retain as many staff as possible, but staff had to accept lower salaries.

OCHA. South Sudan: People Internally Displaced by Violence. November 2016.
 UNHCR. South Sudan Situation Regional Overview. December 2016.
 WHO. New initiative to more easily allow people living South Sudan's rural communities to access health services. April 2017.
 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).





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### Infrastructure

### Water, Sanitation and Hygiene (WASH)

- Latrines: 6 functional latrines
- Clinical waste disposal: incinerator
- Liquid waste disposal: soak pit and septic tank
- Solid waste disposal: open pit
- Water source: borehole

#### Communication

• 1 desktop computer, 4 laptops, Wi-Fi, 1 mobile phone.

### **Power Source**

- Generator from 7:30-17:00 and for emergencies
- Solar power during non-working hours

### Transportation

1 ambulance shared between local healthcare centres

## **Table 2: Available Outpatient Services**

Outpatient medical services were reported by key informant while medical equipment was physically verified by enumerator.

Medical	Medical Services	Medical Equipment
General Health	<ul><li>Over-five consultations</li><li>Laboratory tests</li><li>Pharmacy</li></ul>	1 blood pressure monitor, 1 stethoscope, 1 examination table, 1 thermometer
Maternal Health	<ul> <li>Antenatal Care (ANC)</li> <li>Ultrasound</li> <li>HIV tests</li> <li>Deliveries</li> <li>Gynecological services</li> <li>Postnatal Care (PNC)</li> </ul>	1 delivery table,1 baby scale, 1 adult scale, 1 ultrasound machine, 1 Doppler machine, 1 blood pressure monitor, 1 manual vacuum extractor
Child Health	<ul> <li>Under-five consultations</li> <li>Immunisation</li> <li>Nutrition</li> </ul>	1 oxygen concentrator, 1 height board, 1 scale
Outpatient Laboratory	<ul> <li>Medication provision</li> </ul>	None

## **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
General Health	18 total beds	1 blood pressure monitor
Surgical ward (including Operating Theatre)	10 total beds	4 c-section surgical kits, 2 oxygen machines, 1 anesthetic machine, 1 vitals monitor, 1 diathermy machine, 1 endoscope, 5 operating lights, 2 operating tables
Maternity Ward	10 total beds	1 Doppler, 1 blood pressure monitor, 2 manual vacuum extractors
Pediatric Ward	17 total beds	1 oxygen concentrator
Inpatient Laboratory	Testing: stool/urine, blood, HIV, malaria and typhoid	1 refrigerator, 1 blood bank, 1 microscope, 1 plasma extractor, 1 CD4 analyser, 1 HemoCue, 1 centrifuge, 1 lab rotator

## Table 4: CEMONC services

Skilled birth attendants were reportedly available at the facility 24 hours per day and there was a generator and solar power available for emergencies. ✓ Medical services were reported by key informant while medical equipment and/or medications were physically verified by enumerator.

## Table 5: Availability of Essential Medicines

Essential medicines were made available in pre-selected quantities and types through two suppliers. The hospital recieved most medicines in bulk shipment from the Ministry of Health every December and July. Commonly used medications experienced stockout as early as three months following receipt.

Qty⁵	Exp.Date	Description	Unit
8000	Aug 2018	Albendazole	200mg chewable tablet
22000	Mar 2019	Amoxicillin	250mg capsule
2500	Mar 2018	Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
Absent		Artemether	Injection 40mg/ml amp
900	Mar 2020	Artemether	Injection 80mg/ml amp
14	Mar 2018	Artesunate + amodiaquine (adult)	100mg+270mg
5000	Aug 2018	Artesunate + amodiaquine (child)	100mg+270mg
7000	Apr 2019	Artesunate + amodiaquine (infant)	25mg+67.5mg
Absent		Artesunate + amodiaquine (toddler)	50mg+135mg
300	Jun 2018	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
6000	Jul 2018	Benzylpenicillin	1M IU, vial
1900	Apr 2019	Ceftriaxone	Powder for injection 1mg vial
220000	Oct 2017	Chlorpheniramine maleate	4mg scored tablet
3000	Mar 2019	Ciprofloxacin	500mg tablet
3000	May 2019	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
45000	Feb 2019	Cotrimoxazole	100mg+20mg tablet
60000	Mar 2020	Cotrimoxazole	400mg+80mg scored tablet
7000	Jun 2019	Dextrose	5% bottle/ 500ml + infusion set
Absent		Diclofenac	Sodium for injection 75mg/3ml amp/3ml
100	Jun 2018	Diclofenac sodium	25mg enteric coated tablet
45000	Aug 2018	Doxycycline	100mg (as hyclate) scored tablet
13000	Mar 2019	Ferrous sulphate	200mg + folic acid 0.25mg
10000	Feb 2019	Fluconazole	100mg tablet
5000	Mar 2019	Gentamycin	40mg/ml, 2ml amp
Absent	1112019	,	0,3 % 10ml bottle
	Mar 2010	Gentamycin eye/ear drops	
4000	Mar, 2019	Hyoscine butylbromide	10mg tablet
23000	Jun 2018	Low sodium oral rehydration salts	Dilution to 1I solution
10	Jun 2018	Malaria RDT	25 tests/box
6000	Mar 2019	Methyldopa	250mg tablet
1000	Jan 2021	Metronidazole	200mg tablet
8000	Mar 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
60000	Nov 2018	Multivitamin	Film coated tablet
Absent		Oxytocin	10 IU, amp/1ml
114000	May 2020	Paracetamol	500mg double scored tablet
2500	Jun 2018	Paracetamol	Suspension, 120mg/5ml, 60ml bottle
35	Jun 2017	Povidone-iodine	10% B/ 200ml
2700	Feb 2018	Promethazine	25mg/ml, 2ml amp
2600	May 2019	Quinine dihydrochloride	Injection 600mg/2ml amp
Absent		Quinine sulphate	300mg film coated
1000	Mar 2019	Ranitidine	150mg tablet - blisterpack
4700	Mar 2019	Salbutamol	4mg tablet - blisterpack
300	Jun 2019	Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion se
2000	Jun 2019	Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
100	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
950	Mar 2019	Tetracycline eye ointment	1% 5g tube
200	Aprl 2018	Urine pregnancy test strips	50 tests/box
3000	Feb 2019	Vitamin A (retinol)	200,000IU caplet
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0000	Apr 2019	Water for injection	10 ml, plastic vial

	Medical Services	Medical Equipment/Medication
$\checkmark$	Parenteral antibiotics	Ampicillin, gentamicin
$\checkmark$	Uterotonic drugs	Parenteral oxytocin
$\checkmark$	Parenteral anticonvulsants	Magnesium sulfate
$\checkmark$	Manual placenta removal	N/A
~	Removal of retained products following miscarriage/abortion	Manual vacuum extraction, dilation, curettage
$\checkmark$	Neonatal resuscitation and intubation	Respirator, bag and mask
$\checkmark$	Blood transfusion	Blood bank
$\checkmark$	Birth related surgery	Operating theatre
$\checkmark$	Anesthesia	Local, regional, spinal, general

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.



