

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 was intended to begin in April 2016, 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 HPF implementing partner activities from January 2017 through May

Figure 1: Photo of hospital entrance



2017. This factsheet summarises the key findings of a monitoring and verification visit to Bentiu State Hospital implemented under HPF2 Lot 14 through Cordaid in Rubkona County, Unity on 25 May 2017.

Facility Overview

Facility Name:

Bentiu State Hospital

Type of Facility:

Hospital

Location:

Rubkona County, Unity

Hours of Operation:

Outpatient: 24 hours
Inpatient (obstetric and pediatric unit): 24 hours

Cordaid HPF2

Contract Start Date:

October 2016

Cordaid HPF2

Contract End Date:

February 2018

Staffing:

31 clinical officers - 1 obstetrician, 6 medical officers, 1 clinical officer, 4 pharmacy technicians, 2 lab technicians, 2 lab technician assistants, 2 midwives, 8 non-specialist nurses, 3 wound-care nurses, 1 nurse-specialist in vaccination, 1 registration nurse

Reported Utilisation

Rates for November 2016 through April 2017:

5,974 curative consultations for under-fives

5,541 curative consultations for over-fives

72 births in facility with skilled birth attendant

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of Cordaid technical proposal and work plan
 - Remote verification of project site (phone interviews and email correspondence)
 - Three Key Informant Interviews (KIs) with hospital Chief Executive Officer (CEO), Medical Director and Obstetric Specialist
 - GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 14 Consortium Overview

HPF2 Lot 14 is administered through Cordaid, Children Aid South Sudan (CASS) and World Relief. Bentiu State Hospital is implemented through Cordaid.

Lot 14 partners	Type of health specialisation	No. and type of health facilities
Cordaid	Secondary healthcare	1 hospital
CASS	Primary healthcare	2 PHCCs in Rubkona County
World Relief	Primary healthcare	1 PHCC, 4 Primary Health-care Units (PHCUs) in Guit County

Summary of Findings

Bentiu State Hospital seemed to be adequately equipped and the building was overall in a good condition, as parts of it had been renovated recently under HPF1. However, lack of skilled staff as well as insufficient essential medicines and lack of electricity were among the main challenges for service delivery. The hospital was also in urgent need of a vehicle for emergency referrals. Hygiene conditions were poor, with no hand sanitation stations in place and congested toilets. In terms of quality assurance mechanisms, the hospital maintained a monitoring and evaluation department which collected relevant data and reported to the Ministry of Health (MOH). Furthermore, the governor sent representatives to conduct surveys on a regular basis. To collect feedback and ensure accountability, hospital representatives consulted with community committees and informal gatherings in town. The hospital maintained no other formal feedback mechanism (e.g. suggestion box) with the explanation that most of the patients did not know how to read and write. Medications were provided free of charge.

Strengths	Challenges
<div><div>1. Budget: HPF2 reportedly increased the hospital budget for staffing; resources, such as an ambulance (although Key Informant indicated that this had not yet been delivered) to improve stronger referral process for emergency cases and renovations. The operating theatre had recently been renovated and plans were underway for renovations to the maternity and tuberculosis wards.</div><div>2. Supervision: under HPF2, Cordaid was on the ground to support the hospital with supervision which was not the case under HPF1.</div><div>3. Timeliness of staff incentives: Medical Director reported that staff salaries were paid on time by Cordaid, which had not been the case under HPF1.</div></div>	<div><div>External</div><div>1. Road infrastructure: Medical Director reported that during the rainy season absenteeism increased because hospital staff had difficulties travelling to work.</div></div> <div><div>Internal⁴</div><div>2. Funding amount: HPF2 budget was reportedly insufficient to increase the number of medical staff necessary to meet existing needs.</div><div>3. Human resources: Medical Director reported a need to hire more, including better qualified, staff to expand hospital services. For example, current staff did not know how to use an X-ray machine purchased under HPF1.</div><div>4. Electricity: inconsistent electrical power prevented the use of certain technologies (for example the X-ray machine).</div><div>5. Medication procurement: Medical Director reported a lack of essential medicines (particularly antibiotics), due to delays in delivery by the Ministry of Health, as a major challenge for service provision.</div><div>6. Liquid sewage disposal: the hospital reportedly relied on IOM for liquid sewage disposal, which was sometimes delayed resulting in the closure of hospital latrines.</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).

HPF3 Project Factsheet: Bentiu State Hospital, Lot 14

Third Party Monitoring for DFID Essential Services Team

Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines: 12 functional latrines (not clean at time of visit)
- Clinical waste disposal: 1 incinerator
- Liquid waste disposal: IOM was supporting with disposal of liquid waste out of courtesy; however, this was not always possible
- Solid waste disposal: burned
- Potable water source: UNICEF water point

Communication

- Wi-Fi, 3 airtimes (phones not delivered yet), 3 computers

Power Source

- 2 small generators from 9:00-13:00, 14:00-17:00

Transportation

- No transportation yet, ambulance reportedly to be delivered soon

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 consultationsExpanded Programme on Immunisation (EPI)Admission to inpatient ward	3 otoscopes
Maternal Care	<ul style="list-style-type: none">ConsultationsAntenatal care (ANC)Routine vaccinationObstetric servicesDeliveriesC-section	1 ultrasound, 2 refrigerators, 1 oxygen machine, 1 X-ray (not in use due to lack of qualified staff and consistent electricity)
General Medicine	<ul style="list-style-type: none">Consultations	None
Outpatient	<ul style="list-style-type: none">ConsultationsMedication provision	See Essential Medicines section
Outpatient Laboratory	<ul style="list-style-type: none">Medication provisionHIV testingMalaria testing	1 microscope, 1 centrifuge, 1 hemoglobin machine, 1 refrigerator

Table 3: Available Inpatient Services

Inpatient medical services were reported by key informants while medical equipment was physically verified by enumerator.

Medical Unit	Medical Services	Medical Equipment
Pediatric Ward	Inpatient	1 infant resuscitation table
Maternity Ward	Inpatient	2 autoclaves, suction machines, 2 oxygen machines, 2 operating lights, 1 blood pressure monitor, 1 blood bank, 1 ultrasound machine, 2 anaesthetic machines, 2 intubators, 3 laryngoscopes, 1 pulse oxymeter, 10 ambu bags

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

Skilled birth attendants were reportedly available at the facility 24 hours per day and there were two generators and solar power 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 Medicine

PHCC received medications from MOH every three months. However, medications were not consistently delivered on time and often did not include all essential medications. The most recent delivery had reportedly occurred over six months before the site visit date. Cordaid provided essential medications during MOH stockouts.

Qty ⁵	Exp. Date	Description	Unit
150	Mar 2019	Albendazole	200mg chewable tablet
373	Mar 2019	Amoxicillin	250mg capsule
206	Mar 2019	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
250	Aug 2017	Artesunate + amodiaquine (infant)	25mg+67.5mg
absent		Artesunate + amodiaquine (toddler)	50mg+135mg
absent		Azithromycin	250 mg tablet
30	Dec 2018	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
2	July 2018	Cotrimoxazole	400mg+80mg scored tablet
800	Feb 2019	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
2	May 2017	Ferrous sulphate	200mg + folic acid 0.25mg
660	Mar 2019	Fluconazole	100mg tablet
250	Mar 2019	Gentamycin	40mg/ml, 2ml amp
absent		Gentamycin eye/ear drops	0,3 % 10ml bottle
absent		Hyoscine butylbromide	10mg tablet
3000	Mar 2019	Low sodium oral rehydration salts	Dilution to 1l solution
absent		Malaria RDT	25 tests/box
absent		Methyldopa	250mg tablet
29	Mar 2019	Metronidazole	200mg tablet
1400	Mar 2018	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
absent		Multivitamin	Film coated tablet
absent		Oxytocin	10 IU, amp/1ml
27	May 2020	Paracetamol	500mg double scored tablet
absent		Paracetamol	Suspension, 120mg/5ml, 60ml bottle
absent		Povidone-iodine	10% B/ 200ml
4	Oct 2017	Promethazine	25mg/ml, 2ml amp
80	June 2017	Quinine dihydrochloride	Injection 600mg/2ml amp
absent		Quinine sulphate	300mg film coated
absent		Ranitidine	150mg tablet - blisterpack
2	Sep 2019	Salbutamol	4mg tablet - blisterpack
absent		Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion set
300	Apr 2019	Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
absent		Sulphadoxine+pyrimethamine	500/25mg tablet
3	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
absent		Tetracycline eye ointment	1% 5g tube
10	Apr 2018	Urine pregnancy test strips	50 tests/box
absent		Vitamin A (retinol)	200,000IU caplet
6	Apr 2019	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.

