HPF1 Project Factsheet: St. Daniel Comboni Hospital, Lot 5

Third Party Monitoring for DFID Essential Services Team

16 March 2017

Wau County, Western Bahr el Ghazal

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[1] and 1.18 million displaced in neighbouring countries[2]. As of April 2017, only 40% of the population had consistent access to health care[3]. 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 pilot monitoring and verification visit to St. Daniel Comboni Catholic Hospital implemented under HPF2 Lot 5 through Healthnet TPO in Wau County, Western Bahr el Ghazal on 16 March 2017.

Figure 1: Photo of hospital entrance

Facility Overview

Facility Name:	St. Daniel Comboni Catholic Hospital
Type of Facility:	Hospital
Location:	Wau County, Western Bahr el Ghazal
Hours of Operation:	Outpatient: 8:00 - 16:30 Inpatient (maternal and child health emergencies): 24 hours
Healthnet HPF2 Contract Start Date:	6 April 2017[4]
Healthnet HPF2 Contract End Date:	February 2018
Staffing:	113 staff in total, including 58 medical officers - 2 physician specialists - surgeon, obstetrician, 2 non-specialist medical officers, 2 clinical officers, 1 pharmacy technician, 2 assistant dispensers, 6 lab technicians, 16 midwives, 14 registered nurses, 12 clinical nurses, 1 nurse anesthetist, 2 outreach workers
Reported Utilisation Rates for January and February 2017:	▪ 2,556 curative consultations for under-fives ▪ 4,659 curative consultations for over-fives ▪ 288 births in facility with skilled birth attendant

Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of Healthnet proposal and 1st quarter narrative report
- Remote verification of project sites (phone interviews and email correspondence)
- Three Key Informant Interviews (KIIs) with hospital Chief Executive Officer (CEO), Medical Director and Healthnet TPO Programme Manager
- Two Focus Group Discussions (FGDs) with beneficiaries and clinicians
- GPS mapping and physical verification of site (including inventory of all medical equipment and essential medicine supply)

Table 1: Lot 5 Consortium Overview

HPF2 Lot 5 is administered through Cordaid, Healthnet TPO and Action for Development (AFOD). St. Daniel Comboni Catholic Hospital is is implemented through Healthnet and administered through the Congregation of Salesian Sisters.

Lot 5 partners	Type of health specialisation	No. and type of health facilities
Cordaid	Secondary healthcare	2 hospitals
Healthnet TPO	Primary healthcare	19 Primary Healthcare Centres (PHCCs), 51 Primary Healthcare Units (PHCUs)
AFOD	Nutrition	Undetermined at time of visit

Summary of Findings

The site visit revealed a clean, organised facility with uniformed staff, functional equipment and a large essential medicine supply. The CEO reported that HPF2 funding only supported maternal and child health and that the hospital sought funding through other mechanisms for additional services including cost-sharing with patients. In terms of the consortium structure, Healthnet reportedly provided strong technical and monitoring support. The CEO reported that since work under the consortium structure had only recently begun, she could not provide feedback on Cordaid and AFOD. In terms of areas for improvement for HPF2, the CEO recommended improving the speed of reimbursement for facility expenses because the current reimbursement process through HPF2 was time intensive and the hospital did not have the means to pre-finance hospital activities. The CEO also recommended coordinating across HPF donors for monitoring and evaluation, as the CEO had reportedly received three separate donor visits during the week of IMPACT's visit. Finally, both the Medical Director and CEO expressed concerns regarding continuity of funding once HPF ends in 2018, citing that the constant search for funds affected health programme planning.

Strengths

1. **Budget**: HPF2 reportedly increased the hospital budget for staffing and resources including communications (i.e. Wi-Fi).
2. **Capacity building**: HPF2 reportedly included a budget for improved staff capacity building which improved staff interactions and ownership over programmes.
3. **Management**: the HPF2 consortium model transferred some management responsibility from the hospital to Healthnet, allowing the CEO to focus energies on other aspects of hospital programming.
4. **Accountability**: the hospital reportedly maintained a suggestion box for patients and the CEO reported personally spot checking with patients, using feedback to alter programming. For example, to address overcrowding of visiting family members the hospital reportedly constructed sheltered waiting areas outside.

Challenges

External

1. **NGO competition**: NGOs reportedly come to Wau for short periods of time, provide greater financial incentive to staff and poach high quality staff.
2. **Insecurity**: insecurity had affected quantity, quality and stability of staffing. The hospital had reportedly experienced high turnover because every outbreak of insecurity caused the hospital to lose key staff and hire and train new staff.
3. **Inflation**: staff salaries had reportedly not changed to reflect the national depreciation of the South Sudanese Pound.

Internal[5]

4. **Funding**: HPF2 only covered the maternal and child health component of hospital activities (reportedly 20% of overall funding). The hospital identified other sources to fund all other health activities.
5. **Procurement**: under HPF1 the hospital directly procured supplies through HPF. Under HPF2, the hospital ordered supplies through Healthnet, which had reportedly caused procurement delays.
6. **Supply chain**: the transportation of purchased assets, commodities and medications was reportedly a challenge due to poor road infrastructure (particularly during the rainy season) and the high cost of air travel.
7. **Facility transportation**: the facility did not have a vehicle; the CEO had donated her personal car for emergency use.
8. **Quality assurance**: the hospital self-reported poor quality assurance mechanisms, although reportedly conducted internal audits in the event of maternal/fetal/neonatal deaths as a quality assurance mechanism.

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. Programming under HPF2 reportedly initiated on 16 November 2016.
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).

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Infrastructure

Water, Sanitation and Hygiene (WASH)

- Latrines/toilets: 16 functional latrines, 6 functional toilets
- Clinical waste disposal: 1 incinerator, 1 blood/body tissue outdoor pit
- Liquid waste disposal: contract for desludging
- Solid waste disposal: contract for removal
- Potable water source: 1 generator-powered borehole and 1 hand pump[6]

Communication

- Wi-fi for 8 users, 1 phone per ward[7]

Power Source

- Generator from 9:00-13:00 and for emergencies
- Solar power for labs, transfusions and oxygen tanks

Transportation

- Hospital did not have an ambulance but CEO reportedly donated her personal car for emergencies

Table 2: Available Outpatient Services

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

Medical Unit	Medical Services	Medical Equipment
Pediatric Care	▪ Under-five consultations ▪ Expanded Programme on Immunisation (EPI) ▪ Nutrition (Outpatient Therapeutic Programme)	None
Maternal Care	▪ Consultations ▪ Antenatal care (ANC) ▪ Routine vaccination ▪ HIV testing ▪ Prevention of Mother-to-Child Transmission of HIV (PMTCT)	Ultrasound
General Medicine	24 total beds	None
Outpatient	Incomplete	None
Outpatient Laboratory	Stool/urine testing, blood testing for immunoglobin, Hepatitis B, Hepatitis C, syphilis, HIV	2 microscopes, 1 centrifuge, 1 lab rotator, 1 heamatology analyser, 1 temperature controller, 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
Medical Ward	19 total beds	1 X-ray machine
Surgical Ward (including Operating Theatre)	26 total beds	2 autoclaves, 2 blue lights, 1 electric steriliser, 2 suction machines, 1 oxygen machine, 1 operating light, 1 electrosurgical unit, 1 blood pressure machine
Maternity Ward	24 total beds	1 ultrasound, 1 blood pressure machine, 2 suction machines, 1 infant warmer
Pediatric Ward	Incomplete	2 incubators, 2 oxygen tanks

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 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 Medicines

Essential medicines were procured through four primary methods: private companies in Kenya and Uganda although tax/customs and clearance reportedly caused delays, orders through Healthnet, the Ministry of Health/government provided supplies (e.g. gloves) and vaccinations and private donors.

✓ Phyically inventoried during site visit

	Description	Unit
✓	Albendazole	200mg chewable tablet
✓	Amoxicillin	250mg capsule
	Amoxicillin (dry powder)	250mg/5ml bottle/100 ml
	Artemether	Injection 40mg/ml amp
	Artemether	Injection 80mg/ml amp
✓	Artesunate + amodiaquine (adult)	100mg+270mg
✓	Artesunate + amodiaquine (child)	100mg+270mg
✓	Artesunate + amodiaquine (infant)	25mg+67.5mg
✓	Artesunate + amodiaquine (toddler)	50mg+135mg
✓	Azithromycin	250 mg tablet
	Azithromycin	200 mg/5 ml suspension 200 mg/5 ml bottle/15 ml
	Benzathine benzylpenicillin	2.4M IU, vial
	Benzylpenicillin	1M IU, vial
	Ceftriaxone	Powder for injection 1mg vial
	Chlorpheniramine maleate	4mg scored tablet
✓	Ciprofloxacin	500mg tablet
	Ciprofloxacin	Injection (0.2%w/v) 200mg/100ml
	Cotrimoxazole	100mg+20mg tablet
✓	Cotrimoxazole	400mg+80mg scored tablet
	Dextrose	5% bottle/ 500ml + infusion set
	Diclofenac	Sodium for injection 75mg/3ml amp/3ml
	Diclofenac sodium	25mg enteric coated tablet
✓	Doxycycline	100mg (as hyclate) scored tablet
✓	Ferrous sulphate	200mg + folic acid 0.25mg
	Fluconazole	100mg tablet
✓	Gentamycin	40mg/ml, 2ml amp
	Gentamycin eye/ear drops	0,3 % 10ml bottle
	Hyoscine butylbromide	10mg tablet
✓	Low sodium oral rehydration salts	Dilution to 1l solution
	Malaria RDT	25 tests/box
	Methyldopa	250mg tablet
✓	Metronidazole	200mg tablet
	Metronidazole (dry powder)	Suspension 200mg/5ml/100ml
✓	Multivitamin	Film coated tablet
✓	Oxytocin	10 IU, amp/1ml
	Paracetamol	500mg double scored tablet
✓	Paracetamol	Suspension, 120mg/5ml, 60ml bottle
	Povidone-iodine	10% B/ 200ml
	Promethazine	25mg/ml, 2ml amp
✓	Quinine dihydrochloride	Injection 600mg/2ml amp
✓	Quinine sulphate	300mg film coated
	Ranitidine	150mg tablet - blisterpack
	Salbutamol	4mg tablet - blisterpack
	Sodium chloride (normal saline)	Solution 0.9% bag/500ml+ infusion set
	Sodium lactate compound solution (ringers lactate)	Bag/500ml+ infusion set
✓	Sulphadoxine+pyrimethamine	500/25mg tablet
	Syphilis, SD bioline	30 tests/box
	Syringe luer	5ml with needle, 0.7x30mm, sterile disposable 21g
	Syringe luer	10ml with needle, 0.8x 40mm, sterile disposable 21g
	Syringe luer	2ml with needle, 0.6x25mm, sterile disposable 23g
	Tetracycline eye ointment	1% 5g tube
	Urine pregnancy test strips	50 tests/box
	Vitamin A (retinol)	200,000IU caplet
✓	Water for injection	10 ml, plastic vial
	Zinc sulphate	20mg tablet - blisterpack

6. The hospital reportedly needed expanded budget for water as it was intended for 200 outpatients but served both patients and family members.
7. Of four total wards, only the phones in two wards (maternity and pediatric) were reportedly functioning because in other wards employees took the phone batteries for personal use.