

Sudan Health Transformation Project II (SHTP II)—Phase II Trip Report

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Key word: PBF

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Trip Report

Sudan Health Transformation Project, Phase II (SHTP II)

From: Jean Kagubare

To: Fred Hartman, Chris Welch and Melissa Moriarty

Date: 26 October, 2010

Subject: Short term technical assistance to Sudan Health Transformation Project, Phase II (SHTP II)

Introduction

SHTP II's objectives are to expand access and coverage by enhancing quality of health services through an integrated package of high-impact services, by increasing demand through community mobilization, and by engendering the community's confidence in health services through strengthening of County Health Departments and the MOH. Management Sciences for Health (MSH), in partnership with the International Rescue Committee, supports 9 nongovernmental organizations responsible for delivering health services in target counties (hereto referred to as a "subcontracting partner," or SCP) to establish fully functional service delivery points to obtain coverage of 80 percent of the catchment population in 14 focus counties within three years. The last quarterly report of the SHTP II project observed that there are some challenges of socio cultural and technical nature that has produced some gaps in services. It was agreed that more emphasis needs to be placed on the high impact services to improve the impact on maternal, neonatal and child health and that adequate recording of service statistics and regular reporting on these high impact indicators from the subcontracting partners needs to be mainstreamed to improve monitoring and evaluation of SCPs performance.

The overall goal and objective of this assignment was to develop a clear strategy and outline of activities for the performance based financing approach to the SCPs to achieve all seven high impact interventions in SHTP II target counties. In addition, the visit was also expected to strengthen and realign operational elements of the project to meet project goals and results (indicators), including management, staffing, systems and subcontractors, with particular emphasis on the PBF strategy and technical approaches.

The assignment was conducted in South Sudan from 06 – 17 September, 2010 by Jean Kagubare, and a summary of key activities accomplished is described below.

Key activities accomplished:

1. Review project's current approach to PBF

A detailed review of the project's PBF program was conducted using a very participative approach. Indeed, we met with all key players involved in the PBF program implementation from the project staff at the central level to the health staff at the peripheral level to better understand how the program is working and the challenges it faced. We met and worked with: 1) SHTPII technical staff, 2) all sub contractor's partners involved in the implementation of the project; 3) SCP's field staff in Mundri county; 4) health managers and health staff at the health facility level in Mundri county (see annex 1). We also received technical inputs from Dr Fred Hartman and Chris Welch in the design and development of PBF contract framework and PBF tools. The review covered the following areas:

i. Selection of PBF indicators

We worked with the SHTPII staff to review the PBF framework and selected key priority indicators that have high impact on improving maternal, neonatal and child health to be included in the PBF contract with subcontractors. A new balance score card of PBF indicators was designed (as a subset of the overall project indicators) and contained a total of 11 indicators (8 programmatic indicators and 3 management indicator). See annex 2.

ii. Setting the targets

The overall project indicator targets were given by USAID. The project then will need to divide these indicators among subcontractors. We proposed a step wise approach using different parameters to allocate targets to each subcontractor. Key parameters proposed to be used for targets setting are: total population of the county, specific sub-populations in the county, and actual (and projected) performance of the subcontractor. We developed a tool (using Excel) which will make it easy for the project staff to set preliminary targets and then negotiate with each subcontractor before signing the contract. (See annex 3). This tool can also allow subcontractors to set their individual health facility targets. At the moment, the setting of targets is only readily applicable to the county aggregate level but it is still difficult to apply it to the health facility level because of the uncertainty about their catchment populations. This issue was discussed with the county and national health authorities and the MOH promised to find solution soon. It is recommended that the project continues to working with the MOH and other partners to solve this issue. The second issue is related to two project indicator targets (1) *Number/percentage of children less than 12 months of age receiving DPT3*, and 2) *number/percentage of children less than 5 years of age who received vitamin A from USG-supported programs*). The proposed targets/numbers for these indicators are not consistent with the reference target population. The target percentage to be reached doesn't correspond to the actual numbers of beneficiaries. It is recommended that the project staff discuss and revise the targets accordingly before signing contract with subcontractors.

iii. Contract and payment schedule

All PBF contracts should include measurable performance targets, well-defined reporting mechanisms, and rigorous monitoring to ensure accountability and results, and should have at least the following key elements: (1) each contract should specify the output indicators to be

achieved; (2) each contract should tie payment to the actual achievement, and (3) incentives for good performance are programmed into the contract.

Based on these principles, we developed a new PBF contract framework and a payment schedule. In the new contract, each indicator will be given a specific weight based on its importance and priority and be capped at a maximum of 125% maximum (to allow an even distribution of weight across all indicators). The sum of all the indicators will give the overall score for the period (quarter). The payment will be tied to the overall score obtained using the following three ranges: 1) Score <80%: payment of 95% of the agreed budget, 2) score 80-100%: payment of 100% of the agreed budget, and 3) score of >100%: payment of 106% of the agreed budget. We developed a semi-automated payment tool that automatically calculates individual score, total score and the total amount to be paid once the data for targets achieved are inputted. (See annex 4).

2. Review of Monitoring and Evaluation system

Verification/validation is a very crucial function for the PBF program whereby the purchaser needs to ensure that results are actually achieved before effecting payment. We are proposing that the project set up a team which will conduct regular (quarterly basis) supervision and verification of data that subcontractors declare before payment is done. This team should conduct random data verification at health facility level and review records to check the accuracy between the subcontractor's data report and health facilities primary data. A random sampling frame was designed to help the project to select these health facilities (see annex 4). It was agreed that the project will pay subcontractors 95% of the budget amount upon receipt of the report and that the remaining 5% (and 6% bonus if they exceed 100% of the target) be paid after the verification is completed.

For monitoring and evaluation of the PBF program, we introduced and adapted the Global Fund Dashboard tool to be used by the project management staff (and also by subcontractors) to monitor, review and present project achievements on regular basis (see annex 5). Dashboards are summary reports that communicate key information in a concise and visual way and reduce the amount of information project staff must review for each contract: three pages display financial, management, and programmatic indicators, while two additional pages are provided for the project staff to make comments, propose recommendations and record decisions about actions to investigate and solve problems blocking a program's performance. The Dashboard will facilitate the monitoring and graphical depiction of the indicators most relevant to the PBF project and will enable the systematic tracking of programmatic, financial, and management indicators. It uses evidence to support the process of making corrective or improvement decisions in a systematic and timely manner. It is recommended that dashboard tool be used by project management staff and by all subcontractors to present their results during the quarterly reviews.

3. Capacity building

During our visit, we were able to conduct 3 short trainings for the project and subcontractor's staff on how to use the tools we developed: 1) setting PBF targets, 2) using the semi-automated payment tool, and 3) using of the PBF dashboard. Participants were introduced to the new tools and had opportunity to ask questions and clarifications. Concrete examples were used to demonstrate how to input the data and interpret results. Feedback from all participants was very positive. They all expressed the desire to have a more in-depth training so that they can apply and use the new tools independently. We also conducted a short presentation of the

new PBF contract framework and the new tools to the subcontractors' head quarter management teams during a meeting held in Boston on September 21, 2010.

Debrief

We met with key health authorities both at the county level (Mundri County) and national level, and met with USAID health team leader to debrief them about our findings and recommendations but also seek their inputs and advice on how to improve the project impact on the ground.

At the end of the mission, a verbal debrief with the SHTPS II management staff was held to summarize the key findings, activities achieved, and to assign responsibilities for the next steps.

Next steps

The following activities were agreed upon with the project management team and planned to be conducted in the next 3 months:

- Finalize the PBF list of indicators
- Revise the target for 2 project indicators
- Finalize the targets for subcontractors
- Revise and sign new PBF contracts with subcontractors
- Conduct training of project staff and subcontractors on how to use the new PBF tools

ANNEXES

1. People met

Name	Title	Organization	Tel/Email
Isaac Burnduki	Health coordinator	ADRA	047 715 4585 isaacbunduki@adra-ss.org
Peter Magok	Project manager	ADRA	rick2006@yahoo.com
Beatrice Nyahmal	Project manager	ADRA	beviebo@yahoo.com
Joanna Michler	Project manager	Save the Children	j.michler@savetehchildren.org.sd
Chaitanya Dangol	Fiannce manager	Save the Children	929 325 218 cdengol@savethechildren.org.sd
Dr Margaret itto	Country rep Tech Support to MOH GOSS	JSI/MOH GOSS	095 502 1952
Lextion May Kenneth	Health coordinator	MRDA	091 597 338 lextionk@yahoo.com
Susan Purdin	Country director	IRC	900 920 627 susan.purdin@theIRC.org
Alan Paul	Deputy Director programs	IRC	0912733815 alan.paul@theIRC.org
Country Blake	Grants coordinator	IRC	0902993462 Country.blake@theIRC.org
Felix Loro Lado	M&E tech advisor	MSH	0926684940
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John Rumunu	Tech Director	MSH	jrumunu@msh.org
Daraus Bukenya	GTL/HIV	MSH	dbukenya@msh.org
Edward Eremugo Luka	PHC advisor	MSH	0912925346 eluka@msh.org
Kennedy Malweyi	Operations officer	CCM	0955123250 kmalweyi@yahoo.com
Taban John Mark	Health officer	IMC	0926828210 tabanjohn@yahoo.com
JeMinah Waigi	Tech advisor	AHHA	jeywaigi@yahoo.com
Loice Semina	CO	Mundri PHCC	
Solmon Sidyala	Health worker	Buagy PHCU	
Angol Knol	Director General primary health carfe	MOH GOSS	

Dr Samson Paul Baba	Director General external assistance & coordination	MOH GOSS	0955169303 Samson_baba@yahoo.co.uk
Charles Lerman	Health Team Leader	USAID/Sudan	clerman@usaid.gov

Annex 2-5: See file attached.

Quarterly Indicator Results and Payment Invoice (Provisional)	
Subcontractor Name:	
Year 2011 / Quarter:	
Date	

No	Indicator	Weight	% Weight [A]	Target [B]	RESULTS		Cap [D]	Allowed [E]	% Overall [A x E]
					Achieved [C]	% of Target Achieved [B x C]			
Programmatic indicators: 73%									
1	Percent of children less than 12 months of age who received DPT3 from USG supported programs	5	12%	50%	50%	100%	125%	100%	12%
2	Percentage of deliveries with a skilled attendant in USG supported programs	5	12%	50%	50%	100%	125%	100%	12%
3	Percentage of clinics and health facilities that provide at least 5 of the 7 high impact services using the MoH approved standards	5	12%	30	34	113%	125%	113%	14%
4	Percentage of women with at least four ANC visits	3	7%	34	34	100%	125%	100%	7%
5	Number of counseling visits for FP/RH as a result of USG assistance	3	7%	30	30	100%	125%	100%	7%
6	Number of community members trained with USG support in the different program areas	3	7%	34	30	88%	125%	88%	6%
7	Percentage of pregnant women who receive IPT2 as part of the ANC visit	3	7%	24	23	96%	125%	96%	7%
8	Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	3	7%	23	34	148%	125%	125%	9%
Management indicators: 27%									
9	Percentage of USG supported health facilities that submit their HMIS monthly reporting form within one month of the reporting month	3	7%	23%	120%	522%	125%	125%	9%
10	Percentage of subcontractor providing timely quarterly financial report to SHTP II	3	7%	23%	0%	0%	125%	0%	0%
11	Percentage of contractors providing timely quarterly activity report to SHTP II	5	12%	123%	0%	0%	125%	0%	0%
TOTAL		41	100%						85%
Provisional Score: 100%									100%

Final Score (after data verification)	0%
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PBF Indicator Payment Structure	% overall	% payment
	<80%	95%
<i>% Payment should be automatically highlighted</i>	80-100%	100%
	>100%	106%

Actual Payment to NGO	Total budget / Quarter	Base Payment / Quarter	Award Fee Earned / Quarter
<i>[% Payment x Total budget \$/Quarter]</i>	200,000.00	190,000.00	10,000.00

Results and Invoice Submitted by:

By: Title: Signature: Date:
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Results and Invoice Approved by:

By: Title: Signature: Date:
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SHTP II

Project summary sheet for indicator targets and achievements (all subcontractors) for FY 2011

No	Indicator	Baseline 2010	Target project 2011	Target pop (#) 2011	Targets & achievements by Quarter, 2011								Cummulative total (Achieved) 2011
					Q 1		Q 2		Q 3		Q 4		
					Target 25%	Achieved	Target 25%	Achieved	Target 25%	Achieved	Target 25%	Achieved	
1	Percent of children less than 12 months of age who received DPT3 from USG supported programs		35%	16,778	4,194		4,194		4,194		4,194		0
2	Percentage of deliveries with a skilled attendant in USG supported programs		20%	10,676	2,669		2,669		2,669		2,669		0
3	Percentage of clinics and health facilities that provide at least 5 of the 7 high impact services using the MoH approved standards		95%	156	156		156		156		156		0
4	Percentage of women with at least four ANC visits		20%	10,676	2,669		2,669		2,669		2,669		0
5	Number of counseling visits for FPRH as a result of USG assistance		20,000	20,000	5,000		5,000		5,000		5,000		0
6	Number of community members trained with USG support in the different program areas		1,700	1,700	425		425		425		425		0
7	Percentage of pregnant women who receive IPT2 as part of the ANC visit		30%	16,014	4,004		4,004		4,004		4,004		0
8	Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		165,000	165,000	41,250		41,250		41,250		41,250		0
9	Percentage of USG supported health facilities that submit their HMIS monthly reporting form within one month of the reporting month		100%	164	164		164		164		164		0
10	Percentage of children under 5 years of age who received vitamin A from USG-supported programs		50%	140,124	35,031		35,031		35,031		35,031		0
11	Percentage of women with one ANC visit		70%	37,367	9,342		9,342		9,342		9,342		0
12	Percentage of deliveries by trained traditional birth attendant (TBA) or Maternal and Child Health Worker (MCHW) in USG supported counties		45%	24,021	6,005		6,005		6,005		6,005		0
13	Liters of drinking water disinfected with USG-supported point-of-use treatment products		150,000,000	150,000,000	37,500,000		37,500,000		37,500,000		37,500,000		0
14	Number of health personnel trained with USG support in the different program areas		1,700	1,700	425		425		425		425		0
15	% of contractors providing timely quarterly financial report to SHTP II		100%	36	36		36		36		36		0
16	% of contractors providing timely quarterly activity report to SHTP II		100%	36	36		36		36		36		0

SHTP II

Summary sheet for indicators targets and achievements by all subcontractors for FY 2011

No	Indicator	Baseline 2010	Target project 2011	Target pop (#) 2011	Targets & achievements by Quarter , 2011																				Cumulative total (Achieved) 2011
					Q 1					Q 2					Q 3					Q 4					
					Target Q1	M1	M2	M3	Total Q1 (Achieved)	Target Q2	M1	M2	M3	Q2 (Achieved)	Target Q3	M1	M2	M3	Q3 (Achieved)	Target Q4	M1	M2	M3	Q4 (Achieved)	
1	Percent of children less than 12 months of age who received DPT3 from USG supported programs		35%	16,778	4,194				0	4,194				0	4,194				0	4,194				0	0
2	Percentage of deliveries with a skilled attendant in USG supported programs		20%	10,676	2,669				0	2,669				0	2,669				0	2,669				0	0
3	Percentage of clinics and health facilities that provide at least 5 of the 7 high impact services using the MoH approved standards		95%	156	156				0	156				0	156				0	156				0	0
4	Percentage of women with at least four ANC visits		20%	10,676	2,669				0	2,669				0	2,669				0	2,669				0	0
5	Number of counseling visits for FPRH as a result of USG assistance		20,000	20,000	5,000				0	5,000				0	5,000				0	5,000				0	0
6	Number of community members trained with USG support in the different program areas		1,700	1,700	425				0	425				0	425				0	425				0	0
7	Percentage of pregnant women who receive IPT2 as part of the ANC visit		30%	16,014	4,004				0	4,004				0	4,004				0	4,004				0	0
8	Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		165,000	165,000	41,250				0	41,250				0	41,250				0	41,250				0	0
9	Percentage of USG supported health facilities that submit their HMIS monthly reporting form within one month of the reporting month		100%	164	164				0	164				0	164				0	164				0	0
10	Percentage of children under 5 years of age who received vitamin A from USG-supported programs		50%	140,124	35,031				0	35,031				0	35,031				0	35,031				0	0
11	Percentage of women with one ANC visit		70%	37,367	9,342				0	9,342				0	9,342				0	9,342				0	0
12	Percentage of deliveries by trained traditional birth attendant (TBA) or Maternal and Child Health Worker (MCHW) in USG supported counties		45%	24,021	6,005				0	6,005				0	6,005				0	6,005				0	0
13	Liters of drinking water disinfected with USG-supported point-of-use treatment products		150,000,000	150,000,000	37,500,000				0	37,500,000				0	37,500,000				0	37,500,000				0	0
14	Number of health personnel trained with USG support in the different program areas		1,700	1,700	425				0	425				0	425				0	425				0	0
15	% of contractors providing timely quarterly financial report to SHTP II		100%	36	36				0	36				0	36				0	36				0	0
16	% of contractors providing timely quarterly activity report to SHTP II		100%	36	36				0	36				0	36				0	36				0	0

SHTP II

Annual Indicator targets per subcontractor for FY 2011

No	Indicator	Baseline Project 2010	Target project 2011	Total Target (sup) 2011	Targets for 2011																New Total Target						
					JSI				IMC				ADRA				SCF		CARE			CCM		AAM		MRDA	
					Wau	Panyijar	Awel South	Total IRC	Malakal	Tambura	Total IMC	Suba	Tereketa	Total ADRA	Molo & Wulu	Kapotea	Total SCF	Two East	Tonj South	Mundri West		Mundri East	3.445	3.845	3.845	3.845	
					% Pnp	1.30%	1.30%	1.30%	10.00%	4.40%	Total IMC	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%
1	Percent of children less than 12 months of age who received DPT1 from USG supported programs		35%	16,778	1,578	218	984	1,282	1,687	718	2,425	4,352	1,272	5,624	1,183	1,375	2,558	1,138	1,155	453	644	16,778					
2	Percentage of deliveries with a skilled attendant in USG supported programs		20%	10,676	1,004	139	626	768	1,073	470	1,543	2,769	809	3,579	753	875	1,628	724	735	288	410	10,676					
3	Percentage of clinics and health facilities that provide at least 5 of the 7 high impact services using the MoH approved standards		95%	156	11	9	6	34	7	20	27	11	15	27	16	6	24	14	10	16	13	156					
4	Percentage of women with at least four ANC visits		20%	10,676	1,004	139	626	768	1,073	470	1,543	2,769	809	3,579	753	875	1,628	724	735	288	410	10,676					
5	Number of connecting visits for FPBR as a result of USG assistance		20,000	20,000	1,881	260	1,173	1,433	2,011	880	2,891	5,188	1,516	6,704	1,410	1,639	3,049	1,357	1,377	540	768	20,000					
6	Number of community members trained with USG support in the different program areas		1,700	1,700	160	22	100	122	171	75	246	441	129	570	120	139	259	115	117	46	65	1,700					
7	Percentage of pregnant women who receive IPT2 as part of the ANC visit		30%	16,014	1,506	208	940	1,147	1,610	705	2,315	4,134	1,214	5,368	1,129	1,312	2,441	1,087	1,102	433	615	16,014					
8	Number of the targeted population reached with individual and/or small group level intensive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		165,000	165,000	15,514	2,141	9,683	11,822	16,591	7,262	23,853	42,800	12,507	55,307	11,633	13,122	25,154	11,195	11,318	4,456	6,318	165,000					
9	Percentage of USG supported health facilities that submit their IDMS monthly reporting form within one month of the reporting month		100%	164	12	9	6	15	7	21	28	12	16	28	17	8	25	15	10	17	14	164					
10	Percentage of children under 5 years of age who received vitamins A from USG-supported programs		50%	140,124	11,177	1,818	8,222	10,040	14,090	6,167	20,257	36,347	10,621	46,968	9,879	11,483	21,362	9,507	9,646	3,795	5,382	140,124					
11	Percentage of women with one ANC visit		70%	37,367	3,514	485	2,152	2,637	3,757	1,645	5,402	9,693	2,832	12,525	2,634	3,062	5,697	2,335	2,372	1,009	1,435	37,367					
12	Percentage of deliveries by trained traditional birth attendant (TBA) or Maternal and Child Health Worker (MCHW) in USG supported counties		45%	24,022	2,259	312	1,409	1,721	2,415	1,057	3,473	6,211	1,821	8,092	1,694	1,909	3,602	1,630	1,654	648	923	24,022					
13	Liters of drinking water disinfectant with USG supported point-of-use treatment products		150,000,000	150,000,000	14,103,975	1,946,121	8,801,013	10,747,104	15,082,404	6,602,012	21,684,506	38,908,444	11,370,012	50,276,676	10,575,144	12,202,275	22,807,418	10,177,461	10,125,063	4,051,957	5,761,091	150,000,000					
14	Number of health personnel trained with USG support in the different program areas		1,700	1,700	160	22	100	122	171	75	246	441	129	570	120	139	259	115	117	46	65	1,700					
15	% of contractors providing timely quarterly financial report to SHTP II		100%	36	4		4								4			4	4	4	4	36					
16	% of contractors providing timely quarterly activity report to SHTP II		100%	36	4		4								4			4	4	4	4	36					

Target population by category

Target pop by category		# of children < 12 months old	# of children < 5 years old	# of females 15 – 49 year old	Estimated number of pregnancies
County	Pop 2011	3.6%	21%	25%	4%
Wau	125,497	4,508	26,354	31,374	5,020
Panyijar	17,316	622	3,636	4,329	693
Aweil South	78,301	2,813	16,443	19,575	3,132
Malakal	134,186	4,820	28,179	33,546	5,367
Tambura	58,737	2,110	12,335	14,684	2,349
Juba	346,162	12,434	72,694	86,541	13,846
Terekeka	101,157	3,634	21,243	25,289	4,046
Mvolo & Wulu	94,085	3,380	19,758	23,521	3,763
Kapoeta	109,362	3,928	22,966	27,340	4,374
Twic East	90,547	3,252	19,015	22,637	3,622
Tonj South	91,865	3,300	19,292	22,966	3,675
Mundri West	36,044	1,295	7,569	9,011	1,442
Mundri East	51,261	1,841	10,765	12,815	2,050
Total	1,334,519	47,936	280,249	333,630	53,381

Estimated # of live births
4%
5,020
693
3,132
5,367
2,349
13,846
4,046
3,763
4,374
3,622
3,675
1,442
2,050
53,381

Population by state/County/Paymas

Pop annual
increase rate
of 3%

1.03

No	State	County	Pymas	Population (2009)	Pop 2010	Pop 2011	Pop 2011/ county
1	Upper Nile	Malakal	All Payams	126,483	130,277	134,186	134,186
2	Jonglei	Twic East	All Payams	85,349	87,909	90,547	90,547
3	Unity	Panyijar	Ganyliel	5,620	5,789	5,962	17,316
			Pachaar	6,956	7,165	7,380	
			Tiap	3,746	3,858	3,974	
4	Warrap	Tonj South	All Payams	86592	89,190	91,865	91,865
5	Northern Bahr El Ghazel	Aweil South	All Payams	73,806	76,020	78,301	78,301
6	Western Bahr El Ghazel	Wau	Wau North	53,712	55,323	56,983	125,497
			Wau South	64,581	66,518	68,514	
7	Lakes	Wulu	All Payams	40,550	41,767	43,019	43,019
8	Western Equatoria	Tambura	All Payams	55,365	57,026	58,737	58,737
		Mvolo	All Payams	48,134	49,578	51,065	51,065
		Mundri West	All Payams	33,975	34,994	36,044	36,044
		Mundri East	All Payams	48,318	49,768	51,261	51,261
9	Central Equatoria	Terekeka	Gameiza	7,796	8,030	8,271	101,157
			Muni	17,835	18,370	18,921	
			Nyori	11,234	11,571	11,918	
			Reggo	19,832	20,427	21,040	
			Rijong	8,747	9,009	9,280	
			Terekeka	21,770	22,423	23,096	
		Juba	Tombek	8,136	8,380	8,631	346,162
			Gondokoro	6,522	6,718	6,919	
			Juba Town	82,346	84,816	87,361	
			Kator	64,130	66,054	68,036	
			Lirya	5,949	6,127	6,311	
			Lokiliri	8,215	8,461	8,715	
			Lobonok	8,980	9,249	9,527	
			Mangala	11,016	11,346	11,687	
			Munuki	83,719	86,231	88,817	
			Northern Bari	39,810	41,004	42,234	
Rejaf	15,604	16,072	16,554				
10	Eastern Equatoria	Kapoeta North	All Payams	103084	106,177	109,362	109,362
	Total			1,257,912	1,295,649	1,334,519	1,334,519

SHTP II

Subcontractor's target population and sample size of health facilities

Subcontractor's population 2011					Health facilities		
Subcontractor	County	Pop 2011	Total pop/sub	% pop/county	Total HF	No PHCC	No PHCU
JSI	Wau	125,497	125,497	9.40%	12	7	5
IRC	Panyijar	17,316	95,617	1.30%	9	1	8
	Aweil South	78,301		5.87%	6	1	5
IMC	Malakal	134,186	192,923	10.05%	7	1	6
	Tambura	58,737		4.40%	21	5	16
ADRA	Juba	346,162	447,319	25.94%	12	7	5
	Terekeka	101,157		7.58%	16	4	12
SCF	Mvolo & Wulu	94,085	203,447	7.05%	17	3	14
	Kapoeta	109,362		8.19%	8	1	7
CARE	Twic East	90,547	90,547	6.78%	15	2	13
CCM	Tonj South	91,865	91,865	6.88%	10	1	9
AAHI	Mundri West	36,044	36,044	2.70%	17	3	14
MRDA	Mundri East	51,261	51,261	3.84%	14	4	10
9	14	1,334,519	1,334,519	100%	164	40	124
						Total HF:	164

SHTP II

Subcontractor's target population and sample size of health facilities (data verification)

Subcontractor's population 201		Health facilities			Sampling size		Q1 Score (Data verification)			(Dat
Subcontractor	County	Total HF	No PHCC	No PHCU	PHCC	PHCU	PHCC	PHCU	Total	PHCC
					(100%)	(30%)				
JSI	Wau	12	7	5	7	2				
IRC	Panyijar	9	1	8	1	2				
	Aweil South	6	1	5	1	2				
IMC	Malakal	7	1	6	1	2				
	Tambura	21	5	16	5	5				
ADRA	Juba	12	7	5	7	2				
	Terekeka	16	4	12	4	4				
SCF	Mvolo & Wulu	17	3	14	3	4				
	Kapoeta	8	1	7	1	2				
CARE	Twic East	15	2	13	2	4				
CCM	Tonj South	10	1	9	1	3				
AAHI	Mundri West	17	3	14	3	4				
MRDA	Mundri East	14	4	10	4	3				
9	14	164	40	124	40	37				
				Total HF:	164	Sample:	77			
										30%

List of health facilities in the SHTP-funded counties

1. PHC facilities in Twic East County, Jonglei State: (2 PHHCs and

	Facility Name
1	Panyagor
2	Paliau
3	Kongor
4	Wernyol
5	Kiir
6	Baping
7	Maar
8	Mabior
9	Wangulei
10	Marial
11	Lualajokbil
12	Pawel
13	Pongborong
14	Pager
15	Patiou

2. PHC facilities in Tonj South County, Warap State: (11

	Facility Name
1	Thiet
2	Tonj
3	Aguka
4	Manyiel Thony
5	Jak Malek
6	Wanhalel
7	Mabior Yar
8	Malual Muok
9	Mayom Abon
10	Panakdit

3. PHC facilities in Tambura County, Western Equatoria

	Facility Name
1	Tambura
2	Source Yubu
3	Mupoi
4	Namutina
5	Nagero

6	Nabaria
7	Nzama
8	Sinakpuro
9	Mangburu
10	Matoto
11	Ngboko
12	Nangongo
13	Mabia
14	Bambu
15	Mabenge
16	Akpa
17	Bekiringba
18	Ngongala
19	Kuro
20	Duma
21	Diayanga

4. PHC facilities in Mvolo/Wulu Counties, Western Equatoria/Lakes S

	Facility Name
1	Mvolo
2	Yeri
3	Wulu
4	Domeri
5	Kulu
6	Bahar Al Girindi
7	Bogori
8	Lali
9	Lessi
10	Dari
11	Tonji
12	Doteku
13	Lamo
14	Kombi
15	Bahar Al gel
16	Woko
17	Nuktamanga

5. PHC facilities in Panvjar County, Unity State: (

	Facility Name
1	Ganyiel
2	Dekom
3	Pachar

4	Pachak
5	Pakam
6	Morgok
7	Tiap
8	Laidit
9	Dhormanyang

6. PHC facilities in **Mundri East** County, Western Equatorial

	Facility Name
1	Lakamadi
2	Kediba
3	Mideh
4	Dosho
5	Kasiko
6	Lanyi
7	Lozoh
8	Singirinwa
9	Buagyi
10	Mariba
11	Wiroh
12	Movo
13	Wandi
14	Minga

7. PHC facilities in **Mundri West** County, Western

	Facility Name
1	Kotobi
2	Bangalo
3	Mundri
4	Karika
5	Mandi
6	Mbara
7	Gulu
8	Bari
9	Garia
10	Landingwa
11	Torewandi
12	Lokoya
13	Diko
14	Moba
15	Amadi
16	Kulundu
17	Bitti

8. PHC facilities in Aweil South County, Northern

	Facility Name
1	Panthou
2	Wathmouk
3	Wuncum
4	Tieraliet
5	Nyieth
6	Ajak

9. PHC facilities in Terekeka County, Central Equ

	Facility Name
1	Terekeka
2	Muni
3	Tombek
4	Zemeiza
5	Nyikabor
6	Lokweni
7	Tukoro
8	Jai
9	Bekat
10	Bori Wudu
11	Nyori
12	Loki
13	Moridi
14	Moka- Magor
15	Kutuk-Nawoko
16	Longi

10. PHC facilities in North Kapoeata County, Easter

	Facility Name
1	Riwoto
2	Paringa
3	Mossingo
4	Lomeyen
5	Chumakori
6	Wokobu
7	Lookodei
8	Nakwa

11. PHC facilities in Malakal Urban, Malakal Count

	Facility Name
1	Malakia
2	Global H.F.
3	Detang
4	Lelo
5	Wau Shilluk
6	Warajwok
7	Lwakat

12. List of health facilities in Juba Urban, Juba Cou

	Facility Name
1	Lologo ***
2	Nyakuron ***
3	Munuki ***
4	Kator ***
5	Kuda ***
6	Liria
7	Gurei
8	Serumon ***
9	Walang Walang
10	Lobonok
11	Pager ***
12	Lokiliri

13. List of health facilities in Wau Urban, Wau Cou
(7 PHCCs and 5 PHCUs)

	Facility Name
1	Sika Hadid
2	Bussere ***
3	Jabel Kheir
4	Mukta
5	Bazia Jedid
6	Hai Dinka
7	Lokoloko
8	Canning factory ***
9	Momoi
10	Hai Bafra ***
11	Mboro ***
12	Ngisa ***

13 PHCUs)

Facility type
PHCC
PHCC
PHCU

PHCC and 8 PHCUs)

Facility type
PHCC
PHCU

State: (5 PHCCs and 16 PHCUs)

Facility type
PHCC

PHCU

State: (3 PHCCs and 14 PPHCUs)

Facility type
PHCC
PHCC
PHCC
PHCU

1 PHCC and 8 PHCUs)

Facility type
PHCC
PHCU
PHCU

iv, Upper Nile State: (1 PHCC and 6 PHCUs)

Facility type
PHCC
PHCU

ntv, Central Equatoria state: (7 PHCCs and 5 PHCUs)

Facility type
PHCC
PHCU

nty, Western Bahr alghazal state:

Facility type
PHCC
PHCU