



Maternal and Child Health Integrated Program (MCHIP) South Sudan

Quarterly Report:

July 1, 2012 – September 30, 2012

Submitted to:

United States Agency for International Development under Cooperative Agreement #
GHS-A-00-08-00002-000

1. Introduction

The Maternal and Child Health Integrated Program (MCHIP) is the U.S. Agency for International Development's (USAID) flagship maternal health project. MCHIP South Sudan is a partnership comprised of two strategic partners; Jhpiego and John Snow Inc. (JSI). The goal of MCHIP is to assist in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions;

thereby contributing to significant reductions in maternal and child mortality as well as progress toward Millennium Development Goals 4 and 5.

MCHIP commenced in South Sudan in Program Year (PY) 1 with support to the Expanded Program on Immunization (EPI), continuing work started under the MCHIP predecessor project, IMMUNIZATIONbasics. In 2009, MCHIP provided external technical support for development of the national EPI policy and the adaptation of key EPI training packages, including the *Reaching Every District* and *Immunization in Practice* modules. The Mission later invested in two long-term technical advisors who were to be embedded within the Ministry of Health (MOH) (family planning [FP]/reproductive health [RH]) and HIV/AIDS monitoring and evaluation) and charged with building institutional and managerial capacity. The intent of these areas of support is to improve the quality of health services in South Sudan.

2. MCHIP Program Objectives and Key Activities

The Program Objectives are four-fold:

1. To build capacity for FP and RH;
2. To strengthen human resources in the areas of monitoring and evaluation for HIV/AIDS;
3. To disseminate the national EPI policies and support a national, multi-partner EPI review; and
4. To support a program for prevention of postpartum hemorrhage (PPH).

3. Results by Objective

Objective 1: To build capacity for FP and RH

- Participated in the procurement process of a consultant to lead the editing and finalization of the FP Policy and RH Policy and Strategy. The consultant services were procured and finalization of the documents should be completed this month. Following its finalization, the policies and strategy will be printed, launched at the national level, and disseminated in all the states.
- Participated in the partners' quarterly meeting in the Western Equatoria State (WES) convened by the Director General and officiated by the Honorable Minister of Health on August 15-17, 2012. Delivered a presentation that highlighted FP as a component of emergency obstetric and neonatal care and summarized the components of the FP Policy and RH Policy.
- Provided technical support for BSF supportive supervision to their implementing partners in Mvolo and Wulu counties in WES and Lake State on September 24-29, 2012. Worked with partners so clinical providers could better understand practices of FP and the active management of the third stage of labor and educated them on the national policy. Participated in discussions with the various County Health Department Officers and clarified their role in supervision and promoting best practices in MNH and FP.
- Visited the MCHIP prevention of PPH implementing facilities (Mvolo and Yeri Primary Health Care Center [PHCCs]). Visited the first clients who used Misoprostol, as well as the traditional birth attendants, to ascertain their perspectives on the program.

- Participated in various meetings with the MOH for the introduction and start-up of the South Sudan Integrated Service Delivery Program (ISDP).
- Chaired a partners' meeting on August 1, 2012 for key stakeholders to map the way forward for finalizing and distributing the FP Policy, following the endorsement of the policy by the MOH. A follow-up meeting to review progress is planned on December 4, 2012.
- Participated in the training of volunteers for Reproductive Health Association of South Sudan as the Association's voluntary Technical Advisor. Previously known as the FP Association of South Sudan Juba Branch, this Association is now being revitalized with the goal to propagate, advocate and improve access to RH including FP services.
- Facilitated and participated in prevention of PPH Technical Working Group progress review meeting as the representative from the Office of Director of DRH MOH.
- Coordinated two Reproductive Health Coordination Forum meetings from the office of the Director of DRH MOH and facilitated the sharing of activities in RH/FP and MNH. The meetings were restructured by the RH/FP Advisor to center on thematic discussions that prompt members to have a dialogue about work, lessons learned, and challenges.
- Continued to attend and participate in the weekly MOH Senior Management meetings, which provide a forum to discuss MNH and RH issues. These management meetings continue to serve as a platform for advancing the approval of key policies, such as the training of various cadres of nurses, midwives, and nurse-anesthetists.

Objective 2: To strengthen human resources in the areas of monitoring and evaluation for HIV/AIDS.

- Assisted the division of HIV/AIDS carry out an assessment of prevention of mother to child transmission (PMTCT) sites and the services they offer in South Sudan. This assessment included determining which sites are offering the recommended services (testing and antiretroviral [ART] prophylaxis) and which are not operational due to staff and commodity shortages and lack of training. A PMTCT sites template was sent to all NGO partners implementing PMTCT in South Sudan and all the State Directors of Health. Results showed:
 - There are 76 facilities in the country conducting HIV testing at antenatal care (ANC).
 - Fifty three of the 76 functional PMTCT sites provide ARV prophylaxis for PMTCT at ANC for mothers. Forty three of these sites are offering Option A prophylaxis (antenatal AZT) and 10 sites are offering SD-NVP prophylaxis only.
 - Fifty three of the 76 functional PMTCT sites provide ARV prophylaxis for PMTCT at ANC for infants. Twenty six of these sites are offering extended NVP prophylaxis through breast feeding and 27 sites are offering SD-NVP prophylaxis only.
 - Reasons for lack of PMTCT services included: staff not trained; staff shortages; stock-out of tests or treatment; and no room to offer services.

- Fifty PMTCT sites are testing and treating pregnant women for syphilis at ANC.
- Continued to provide assistance to the Division of HIV/AIDS to review ART patients monitoring and reporting tools.
- Supported the Division of HIV/AIDS in data collection and management of round 3 of HIV Sentinel Surveillance. The survey is being conducted among pregnant women aged 15 – 49 years attending the first ANC visit. The data is being collected at 35 ANC sites in all of the ten states of South Sudan. The objectives of the survey are: 1) to estimate HIV and syphilis prevalence among pregnant women in South Sudan; 2) to understand the geographical spread of HIV infection and to identify emerging pockets; 3) to understand the trends of HIV epidemic among general population as well as high risk groups in different states; 4) to provide information for advocacy, program planning, and program evaluation.
- Continued to provide assistance to the Division of HIV/AIDS in data management and analysis of the survey on mapping and size estimation of female sex workers in South Sudan.
- Supported eighty four health care providers to complete a three days training on Dried Blood Spots samples and data collection from April 30 - May 5 2012. The survey started on May 8, 2012 and the final report is expected by the end of November 2012.

Objective 3: To disseminate the national EPI policies and support a national, multi-partner EPI review.

- Activities under this objective were completed earlier in FY12.

Objective 4: To support a program for prevention of postpartum hemorrhage (PPH).

- Ethics approval was taken from the Institutional Review Board (IRB) of Johns Hopkins University. An international expert on Postpartum Hemorrhage prevention, from Washington DC, travelled to Juba, Mundri East and Mvolo for developing training materials for Health Workers and HHPs.
- Conducted four batches of training in prevention of PPH. The home health promoters (HHP) training is a four-day training with three days of classroom interactive sessions, lecture, role plays and group work while the fourth day is for community practice on counseling of pregnant women and their families using visual aids. To date, five PHCC staff, two PHCU staff, and 69 HHPs in Mvolo and Mundri East have been trained. An estimated one PHCC, 16 PHCU and 189 HHPs still need to be trained for a full-scale launch of the intervention in the two counties. In the upcoming quarter, health providers will be trained to strengthen the provision of active management of the third stage of labor.
- Began intervention implementation in Mundri East county with Mundri East Development Agency (MRDA) and Mvolo county with Save the Children. Approximately 20 women received counseling for prevention of PPH and one woman in Mvolo delivered two days after receiving counseling and misoprostol.
- Provided support to staff on the data management of the prevention of PPH program. The MCHIP M&E Advisor from Washington, DC traveled to Mundri East and developed an action plan for staff to improve data collection and supervision of NGOs implementing the program. A supervision schedule was drafted and discussed with MRDA for Mundri East and a similar schedule will be developed with Save the Children in Mvolo.

Priorities for the Program Year 5:

- Support the HIV/AIDS Division in setting targets for all program areas.
- Revise and update HIV/AIDS Division data reporting guidelines in collaboration with MOH M&E unit.
- Identify data management needs of the HIV/AIDS Division and support the formulation of data management and analysis procedures.
- Strengthen the supportive supervision function of the HIV/AIDS Division by training staff in conducting supportive supervision using a checklist.
- Conduct quarterly supportive supervisory visits to Central and State Health facilities jointly with RH officers in consultation with the Nursing and Midwifery Division.
- Train skilled providers in Mvolo and Mundri East on prevention of PPH by providing misoprostol to pregnant women in community during home births. A technical assistance trip by two MCHIP Maternal Health Advisors is planned for early November to oversee the trainings.
- Develop a database and training of staff to consolidate data being collected from the PPH programs.
- As part of the research aspect of the PPH program, conduct follow-up interviews with women delivered a baby after receiving counseling and Misoprostol from HHPs or Health Workers.