



Maternal and Child Health Integrated Program (MCHIP) South Sudan

Quarterly Report:

October 1, 2012 – December 31, 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. Activities Completed by Objective

Objective 1: To build capacity for FP and RH

- Participated as part of the team verifying the quality of the print outs of the RH Strategy, RH Policy and FP Policy
- Convened three FP Technical Working Groups, hosted by Marie Stopes International, MCHIP, and UNFPA. The meeting discussions focused on the following topics:
 - Participation of stakeholders in FP/RH in the dissemination of the policies (FP Policy, RH Policy, RH Strategy)
 - Sensitize policy makers (Council of Ministers, the National Parliament, State Ministers of Health, State Council of Ministers, State Parliamentary Committees), lobby for their commitments, and increase visibility of issues surrounding FP service delivery
 - Review of the FP training curriculum for service providers, which will be used for standardized training of FP providers nationally. It is anticipated to be finalized by the end of February.
 - Preparation for the update of the FP Technical Guidelines; completion of the review is anticipated in the second quarter. The following areas have been identified for updating:

Medical Eligibility Criteria; integration of FP services into other RH services, especially HIV/AIDS; method mix at various levels of service delivery; and RSS background information, including information on the various policy instruments and strategic plans.

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

- As a member of Transitional Funding Mechanism (TFM) Technical Working Group, the Senior Technical Advisor for HIV/AIDS M&E assisted the MOH in proposal writing for the TFM grant from Global Fund. The TFM proposal seeks transitional funding for an HIV CoS grant that will end on 30 November 2013. The TFM proposal covers the cost of ARV drugs, OIs/HIV care, tests, technical support and clinical mentorship, supply-chain management, and program management for 7,419 HIV patients estimated to be on ART by the end of the TFM grant (30 November 2015); as well as 8,517 patients estimated to be on pre-ART at the beginning of the TFM grant. The M&E Advisor provided the necessary data, reviewed documents and attended meetings that culminated in the successful submission of the proposal.
- Supported the MOH and SSAC in drafting of National Strategic Plan on HIV and AIDS (NSP) 2012 – 2016. The plan describes the national response under the stewardship of the government of South Sudan and stipulates strategic directions and action on how the unique challenges that HIV and AIDS pose to the welfare of the South Sudanese population will be addressed. For instance, one key challenge is in relation to the effect that the epidemic will have on the health workforce, particularly as the epidemic evolves. The M&E Advisor provided the necessary data, reviewed documents and attended meetings of the Technical Working Group tasked with the drafting of the plan.
- Assisted the MOH and SSAC in compiling annual HIV/AIDS services data for 2012 in readiness for dissemination during the world AIDS day in December 2012. The MOH and SSAC organized a one week national HIV Testing and Counseling (HTC) Campaign, which entailed mobilizing community members to access HTC sites, providing people with an opportunity to know their HIV status. The Campaign theme was: “*New Country, New Beginning, Take an HIV Test Today*”
- Worked with the MOH in responding to HIV/AIDS data requests from development partners such as USAID, CDC and IntraHealth International. Partners required this information for program design, improvement and for their reporting requirements.

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

- Activities under this objective were completed in FY12.

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

- Sheena Currie, Senior Maternal Health Adviser, Jhpiego/MCHIP, and Laura Fitzgerald, Maternal Health Adviser, Jhpiego/MCHIP, traveled to South Sudan to provide short term technical assistance (27 October – 9 November). Two trainings were conducted for health providers in clean and safe birth, including active management of the third stage of labor and immediate newborn care, as well as management of PPH. The first training was conducted in Lui Hospital with participants from MRDA from Mundri East. The second training was conducted in a midwifery training center in Juba for Save the Children staff from Mvolo. The training package was field tested through the trainings and is now being finalized. A total of 60 health facility staff (34 female staff, 26 male staff) from Mundri East and Mvolo counties have been trained.
- Held a PPH Technical Advisory Group meeting on 8 November 2012 and organized face-to-face meetings with the two implementing partners to discuss implementation to date, supervision and follow up of trainees, selection of HHPs, and training plans (see trip report for more information).
- Delivered a prevention of PPH program update at the RH Forum meeting, which highlighted the program milestones, achievements, challenges and way forward.
- Received 50 Mamanatalie anatomical models that had been procured by MSH/SHTPII. Developed a distribution plan for models to the counties in Central and Western Equatoria States. Twelve were given to different departments within the MOH that including the Juba School of Nursing and Midwifery (8), Juba Teaching Hospital (3), and HIV Department (1). The models will be used for practice and during training of skilled birth attendants. Each county will receive two models and six will be kept at the ISDP office for future training.
- Trained a total of 260 HHPs in Mvolo and Mundri East Counties. The four day training consisted of three days of classroom interactive sessions, lecture, role plays and group work, while the fourth day focused on community supervised practice on counselling of pregnant women and their families using counselling flip cards. The training imparted participants with knowledge, skills and attitudes needed to counsel pregnant women, their support persons, families, and other community members about the importance of taking misoprostol tablets for prevention of PPH and what actions to take in case of PPH.

Data Summary for the Two Counties:

- Number of new pregnant women registered for ANC (health facility and community)- 2,441
- Total number of facility deliveries – 280
- Total number of women who received oxytocin within 3 minutes of delivery- 220
- Total number of clients who have received misoprostol (ANC and home) - 485
- Total number of home deliveries – 354
- Total number of women delivered at home and took misoprostol- 344
- Total number of women who delivered in the presence of HHPs - 315

- Total number of women who returned misoprostol¹ – 10
- Number of women reporting any adverse effects after consuming Misoprostol - 0
- Number of referrals – 0

Annex A: Success Story: A Life-Saving Intervention for Mothers is Rolled Out in Mundri East



Mariam, six months pregnant, listened intently as Mary, a home health promoter, described how she and her family could prepare for complications during delivery. Mariam was joined by her family, including her mother-in-law, step mother, and father; Mary sat facing all of them as she walked through the educational messages illustrated in a counseling flip chart. Though this is Mariam’s second pregnancy, this is the first time she has heard these messages. The closest Primary Health Care Unit (PHCU) to Mariam’s home has not been staffed in some time, and Lui County Hospital is a long distance from her

home. Mary delivered her first baby at home because she did not have transport to the hospital.

Fortunately, Mary was selected by her community in October 2012 to serve as a voluntary home health promoter for the Wandri PHCU catchment area. Well-respected and motivated to serve for the welfare of her community, Mary is proud of her selection. She can now provide education to pregnant women in her community, such as Mariam. At the conclusion of Mary’s household visit, Mary asked Mariam to repeat the key messages. With the help of her family, Mariam was able to correctly repeat what Mariam had described, showing her understanding of the counseling session.



Under the USAID-funded Maternal and Child Health Integrated Program (MCHIP), Mary was trained as a home health promoter through an initiative to prevent postpartum hemorrhage (PPH). The training taught Mary to provide counseling to pregnant women and their support persons on birth preparedness, complication readiness, PPH, the importance of delivering with a skilled provider, and use of Misoprostol- a uterotonic drug- to prevent PPH in the event that the woman delivers at home. Through home health promoters like Mary, women who deliver at home without the assistance of a skilled provider will have access to an effective, life-saving drug that they can self-administer orally after delivery to prevent PPH. This community-based intervention complements efforts to strengthen facility-level services, including in-service training to health providers on clean and safe delivery, active

¹ Includes women who returned misoprostol because they delivered in a health facility

management of the third stage of labor, and management of PPH. Under the leadership of the Government of RSS, and in partnership with implementing partner MRDA and Save the Children, 2,441 pregnant women in Mundri East and Mvolo Counties have enrolled in the MCHIP prevention of PPH program.

At the conclusion of Mary's visit to Mariam, she describes that she will return when Mariam is eight months pregnant. In that visit, she will give further counseling, provide Mariam with Misoprostol, and give instructions on how to use it if she delivers at home. After Mariam delivers, Mary will return for a third visit to monitor Mariam and her baby and collect the used or unused package of Misoprostol. Mariam's father is concerned about the absence of health facility staff at Wandu PHCU and asks Mary when a health provider will be posted. Mary is unable to respond, but encourages Mariam's father to plan for transport to Lui Hospital for Mariam's delivery. She emphasizes again the use of misoprostol to prevent PPH if Mariam delivers at home. Mariam's father nods, saying "This program is good for our community."