



Maternal and Child Health Integrated Program

South Sudan

January 1, 2013 – March 31, 2013

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

Submitted by:
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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

In this reporting period, the Sr. RH/FP Advisor provided technical support to the MOH in several notable areas. Accomplishments included:

- Continued to advance the endorsement of the National FP policy, RH policy, and RH strategy by the Minister and Under Secretary, which culminated in the eventual signing of the Foreword and Acknowledgement, respectively. All the documents are currently in print for dissemination.
- Prepared the background information on RH/FP in South Sudan and population issues for the 6th Coordination Meeting of the East African Reproductive Health Network (EARHN) that was held in Addis Ababa from 5 to 9 March. The Sr. RH/FP Advisor accompanied the Ag. Director General Directorate of RH to the meeting. Following feedback to the MOH senior management board, it was decided that South Sudan should pursue the necessary steps to officially join the network and possibly host a future meeting. The Sr. RH/FP Advisor has continued to support the documentation needs resulting from the recommendations of the senior management board, including technical collaboration with network member countries.

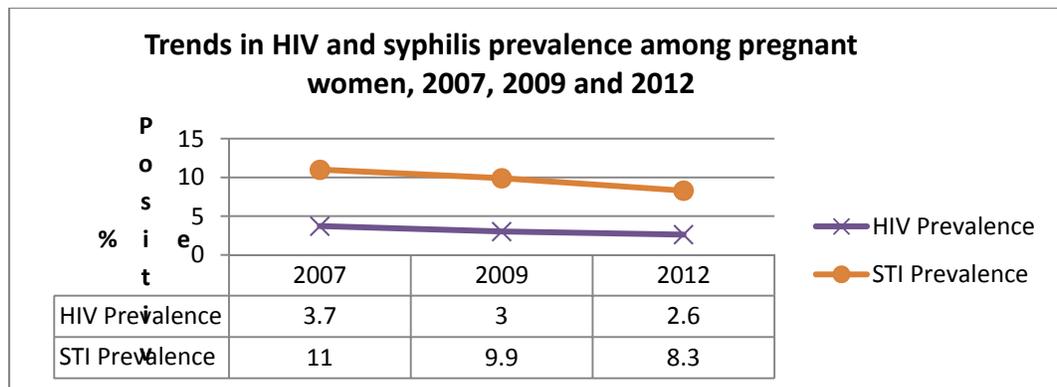
- Provided technical support to IMA Worldwide and facilitated a training of 13 health workers in basic FP from 11 to 16 March. Emphasis was provided on the use of the draft FP curriculum being reviewed and service providers' value clarification and attitudinal Transformation. This is a process of training to help the providers identify their own values and attitudes towards FP and how that impacts on their FP services provision. The training and process help the providers identify socio-cultural barriers to FP and how to transform their attitudes to promote quality services in FP. The participants had previously attended nine-month training in EmONC in Kenya.
- Provided continued support to the emergency obstetric and neonatal care (EmONC) Needs Assessment in assessing quality of the data generated from the field. As part of the national quality assurance team of the EmONC Needs assessment, the Sr. RH/FP Advisor reviewed the data as it was collected from the states to confirm the veracity of data. Data revealed a number of gaps identified in at least 10% of the facilities; there is a repeat of the exercise in those facilities that will be conducted in April. The data collection for the EmONC needs assessment is expected to be finalized at the end of April, and data entry will continue. It is anticipated the preliminary results will be available by June and the final report disseminated before the end of the year. The assessment is generating data on the actual physical states of all the functional health facilities in the country, the availability of human resources and equipment, the services offered, and who is offering those services. The information generated will inform the various strategic programs and interventions in RH/FP and further guide the development of guidelines and protocols.
- Made a presentation to various partners at the NGO forum on the progress of the EmONC Needs Assessment. The presentation included discussion on the anticipated results of the assessment and what would be expected of the partners in terms of programmatic implementation of the recommendations.
- Assisted the MOH with the technical review of the design of antenatal care (ANC), maternity units, and theatres that are to be constructed by UNDP through the Global Fund. This followed a previous assessment of earlier units constructed through support from the Global Fund. The units which were constructed in several parts of the country were found not to have met various global standards. Following these reviews, the facilities that were constructed will now be handed over to the MOH and the best use made of the facilities.
- Assisted the MOH to develop selection criteria for the sites that are to benefit for the next phase of facility construction.

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

In this reporting period, the HIV M&E Advisor provided technical support to the M&E Department in several notable areas. Activities included:

- Assisted the MOH, with the support of the World Health Organization (WHO), to conduct data quality assessment and cohort analysis at ART sites. The HIV M&E Advisor co-facilitated a portion of the training during in which nine staff in the HIV Division were equipped to undertake the exercise. Subsequently, a total of 10 sites have been covered at the end of the reporting period. Data analysis is ongoing and dissemination of the results will be undertaken in the next quarter.

- Supported the MOH, with the support of Intrahealth International, to conduct a self-assessment of the existing M&E and surveillance system for HIV/AIDS in South Sudan. The assessment involved administering the 12 component- M&E strengthening tool in a workshop to staff of technical units at all levels (facilities, county health departments, state ministry of health, HIV/AIDS division at national level and SSAC) of the MOH and other stakeholders. The exercise empirically documented strengths, weaknesses, and gaps in the existing M&E system. This assessment will lead to the development of the HIV/AIDS Strategic Information Plan that will be instrumental in aligning, harmonizing and reinvigorating M&E and surveillance processes for HIV/AIDS. It will also improve the validity and completeness of data reporting.
- Assisted the MOH to analyze and disseminate results of the South Sudan 2012 Sentinel Surveillance of HIV and Syphilis Survey and the Phase 1 2012 Mapping Report of Female Sex workers in South Sudan. The primary objective of ANC sentinel surveillance survey was to determine the prevalence and correlates of HIV and syphilis among pregnant women attending antenatal care in South Sudan. Results of the survey show:
 - Overall HIV prevalence from the 2012 surveillance survey was 2.6%, 95% CI [2.3-2.8]
 - At the site specific level, Ezo reported the highest prevalence of HIV infection at 14%, followed by Yambio and Tambura at 8.4% and 6.5%, respectively. Gokmachar and Kwanjok reported the lowest prevalence of HIV infection at 0%, followed by Katigiri at 0.1%.
 - Correlates of HIV infection; marital status and level of education and gravida. Compared to those with 1 pregnancy, women with 2 pregnancies were almost twice more likely to have HIV infection (Odds Ratio, OR [95% C.I], p-value: 1.8 [1.2 – 2.6], p<0.001)



- Overall syphilis prevalence from the 2012 surveillance survey was 8.3%, 95% CI [7.7-8.7].
- Correlates of syphilis infection: residence (urban/rural), marital status, level of education and gravida.
- Compared to those with elementary education, women with no formal education were almost twice more likely to have syphilis infection (Odds Ratio, OR [95% C.I], p-value: 1.9 [1.6 – 2.3], p<0.001)
- Supported the MOH to disseminate results of the first phase of a comprehensive study to provide accurate information on the size and characteristics of sex workers in South Sudan. The study is

being implemented in a phase-wise approach, along with a process of developing local capacity for scaling up owing to the availability of resources and local technical capacity. The first phase has involved developing and field testing of the mapping methodology in two cities, the second phase will involve field implementation of mapping in another 12-15 urban and semi-urban locations, while in the third phase the mapping data collected will be used to develop national estimates of Female sex workers in South Sudan and provide the program with a Strategic direction for planning targeted interventions for Female Sex Workers (FSW). South Sudan has a low prevalence generalized epidemic. However, surveillance and mapping of key populations such as FSW provides information on the spread of the epidemic from these populations, to bridging and to the general population. Some of the results disseminated include:

- An average number of 2,511 (range 2013-3,008) FSWs were identified in Juba across 513 spots on a usual day. The numbers of FSWs on a usual day in Yambio were estimated at 378 (range 316-439), from a total of 129 hotspots of which 36% were hotel based, 29% were Venue-based and 24% were street-based sex workers.
- Despite Juba reporting a large number of sex workers than Yambio, the ratio of female sex workers per 1000 adult male population is higher in Yambio (25.7/1000) than in Juba (24.3/1000).
- FSWs in Juba entertain more clients in a day than FSWs in Yambio.

| No. of clients | Juba | Yambio |
|--|--------------------|-------------------|
| Avg. # of clients/ usual day \pm SD (mode) | 7.7 \pm 8.5 (3) | 2.7 \pm 1.3 (2) |
| Avg. # of clients/ busy day \pm SD (mode) | 8.6 \pm 3.9 (10) | 4.2 \pm 1.9 (3) |

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).

Intervention Implementation:

- Implemented field work of program learning phase.
- Completed seven supportive supervision visits to implementing partners in the two implementing counties of WES. Five visits were made to Mundri East and two visits to Mvolo. MRDA is implementing in Mundri East County and Save the Children was implementing in Mvolo until January 31, 2013. NPA has taken-over implementation of services in Mvolo. ISDP team will work closely with NPA in continuing the intervention.

Data Collection, Management, and Analysis:

- Reviewed home health promoter (HHPs) forms that had been collected from September to March 2013.
- Hired two consultants as data collectors to interview enrolled study-women who have delivered. Data collection commenced at the beginning of February 2013, and a total of 513 clients have been interviewed as of the end of the reporting period. Clients are interviewed at facilities, as well as their households if they are unable to travel to their nearest health facility. Data collection will be completed in April 2013.
- Reviewed the postpartum survey data for the completed forms.
- Hired a consultant to manage data entry and developed databases to capture the postpartum survey data, HHP reports, and provider surveys. All 513 postpartum survey forms have been entered, and the M&E Officer has completed the second entry for 100 forms for data quality verification purposes. Entry of the HHP reports and the provider survey is under progress.

Coordination and Dissemination:

- Conducted a de-briefing meeting with the MOH director of Community Health, Dr. Samson Baba, and Dr. Solomon Orero, Sr. RH/FP Advisor. The purpose was to describe the progress of the program, present the scale up map and dissemination plans. It was discussed at the meeting that a joint visit of MoH officials and ISDP staff will be organized for Mundri-East to observe and review the implementation.
- Conducted a PPH Technical Action Group (TAG) meeting on 4 March 2013. Dr. Alex Dimiti, MOH Ag Director and Reproductive Health, chaired the meeting. ISDP presented updates of the PPH program, which included an update on mid-term data, progress, and challenges. A PPH scale up map and the maternal audit form were also shared that could be adapted in the future by the MOH.
- Completed a presentation on the rationale and an update of the PPH prevention program learning phase on 6 February 2013 during the quarterly health coordination meeting in Yambio for the MOH and ISDP County Implementing Partners (CIPs) in Western Equatorial State. The intent was to provide an update so the CIPs would be better informed for future scale up.

Technical Assistance:

- Jaime Mungia, Senior Program Officer, visited South Sudan (14-26 January 2013), and together with the PPH Officer, visited Mundri East for monitoring and supportive supervision. Findings are detailed in a trip report and were followed up by the PPH Officer.
- Vikas Dwivedi, Senior M & E Advisor, visited South Sudan (3-16 March 2013), and together with the PPH Officer, visited Mundri East for monitoring and supportive supervision. Support was also given to the data entry consultant to complete the database for the post partum survey, provider survey, and HHP reports.

Data Summary for the Two Counties:

| | Indicator | 2012 | Q1 2013 | Progress to date |
|-----------|--|-------------|----------------|-------------------------|
| 1. | Total number of clients who have received misoprostol (ANC and home) | 512 | 553 | 1065 |
| 2 | Total number of women who delivered at the health facility received oxytocin | 220 | 160 | 380 |
| 3 | Number of women who delivered at the health facility and received misoprostol | 8 | 50 | 58 |
| 4 | Total number of women delivered at home during the month and took Misoprostol | 380 | 410 | 790 |
| 5 | Total number of women who delivered in the presence of HHPs | 315 | 363 | 678 |
| 6 | Total number of women who returned misoprostol (15 clients delivery at facility and 2 returned as they delivered at relatives home and did not bring the drug with them) | 15 | 2 | 17 |
| 7 | Number of women reporting any adverse effects after consuming Misoprostol | 0 | 0 | 0 |
| 8 | Number of referrals | 0 | 0 | 0 |
| 9 | Number of maternal deaths of clients recruited | 0 | 0 | 0 |

Annex A: Success Story: A Home Health Promoter Brings a Life-Saving Intervention to a Mother in her Community

In the village of Lanyi in Western Equatoria State in South Sudan, Susan Emmanuel is a Home Health Promoter (HHP) that provides education to pregnant women and their families in her community. Esther Benneth, a 23-year-old residing in the village, was visited by Susan in her home when she was pregnant. Along with information about how to prepare for pregnancy and delivery, Susan also educated Ester and Ester’s husband about what to do in the event of complications, the importance of delivering in a health facility with a skilled provider, and how to self-administer misoprostol, an effective uterotonic, if Susan delivered at home.



Photo: Ester, proud mother of healthy twins, and her sister

Susan Emmanuel is one example of an HHP who is participating in a special initiative to reduce the leading cause of maternal death in South Sudan: postpartum hemorrhage. The USAID-funded Maternal and Child Health Integrated Program (MCHIP) is partnering with the Ministry of Health to implement this

initiative in two counties within Western Equatoria State. The evidence-based and comprehensive intervention package entails components at the facility and community levels. At the facility level, health providers have been updated with clinical skills to perform clean and safe delivery, including active management of the third stage of labor. At the community level, home health promoters have been trained to deliver counseling on birth preparedness, complication readiness, and the correct use of misoprostol.

During her pregnancy, Ester dutifully followed the counseling of Susan and visited the health facility four times for antenatal care. In one of these visits, Ester was informed by the facility midwife that she was pregnant with twins. Again, following the advice of Susan, when Ester went into labor, she and her husband visited Lanyi Primary Health Care Center and her delivery was attended by a skilled provider. Following decades of civil war, South Sudan is facing substantial health system and infrastructure challenges. The Lanyi PHCC had a non-functioning cold chain system to store oxytocin, so the midwife delivered the twins safely with the administration of 600 mcg misoprostol.

Findings from this program will inform the gradual future scale up of the program to other counties, so thousands more women can have access to this life-saving intervention.