



South Sudan Quarterly Report April to June 2012

Introduction

The goal of USAID's Maternal and Child Health Integrated Program's (MCHIP) is to assist in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions and thereby to contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4 and 5. In Project Year 1, USAID/Sudan bought into MCHIP to support the EPI efforts in South Sudan and continue 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.

MCHIP PROGRAM OBJECTIVES AND KEY ACTIVITIES

Objective 1: To build capacity for family planning and reproductive health

Key Activities:

- Drafting the Family Planning Policy-The final version of the draft policy was presented to the senior Ministerial Management Committee and was approved for editing and printing
- Assisted the Division of RH to convene a TWG to work on the modalities of reviewing the FP Technical guidelines
- The Family planning TWG with the approval of the policy are planning the next steps
- VSI organized a Regional summit of experts on working together to save women's lives the use of Misoprostol at various levels and for various indications. The MCHIP Technical advisor on was among the participants to the summit together with three other participants from the three regional teaching hospitals

Objective 2: To strengthen Human Resources

During the third quarter MCHIP continued to offer Technical assistance to the HIV/AIDS Division of the Ministry of Health. **Key activities** include:

- Assisted the division of HIV/AIDS to compile a five year workplan with quantified expected immediate results for all activities. The workplan is a part South Sudan Health Sector Development Plan (HSDP).

- The M&E Advisor assisted the Division of HIV/AIDS with support of WHO to review Antiretroviral Patients monitoring and reporting tools. The review involved organizing a two days meeting of providers, HIV directors in the states and NGO partners to discuss the current tools with an aim of improving them. The meeting and subsequent discussions resolved to;
 - Revise the following data collection and reporting tools; HIV Care and ART Patient Card, Counselor Card for Adherence, Pre ART Register, ART Register, HIV Care and ART Monthly tool and Cohort Analysis form.
 - Introduce the following new tools; ART Hand held Card, Adverse event form for ARVs, Exposed infant register, Infant clinical follow up chart, Patient Appointment Book and ART drugs dispensing register

All the tools have been revised and training of health providers and roll out to the sites is expected in the next quarter.
- Assisted the Division of HIV/AIDS in preparation, 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;
 - a. To estimate HIV and syphilis prevalence among pregnant women in South Sudan.
 - b. To understand the geographical spread of HIV infection and to identify emerging pockets.
 - c. To understand the trends of HIV epidemic among general population as well as high risk groups in different states.
 - d. To provide information for advocay, programs planning and programs evaluation

84 Health care providers underwent a three days training on Dried Blood Spots samples and data collection from April 30th - May 5th. The survey started on the 8th of May and the final report is expected by the end of October 2012.
- Assisted the Division of HIV/AIDS in preparation, data collection and management of a survey on Mapping and Size estimation of Female sex workers in South Sudan. This survey is being conducted with the support of WHO. The survey is expected to cover all the ten states in South Sudan, but because of initial shortage of funds, the focus is first for Juba and Yambio cities. The approach used involved;
 - a. Defining HIV high-risk activities in South Sudan: These were defined as high risk sex and commercial sex work among women. This provided the investigators with a simple but clear definition of “What is the risk” in focus, as well as “Who is involved”.
 - b. Providing information on “How many” are there. Thus the study aims at estimating the number of people (not occupation-wise, but risk-wise) involved in these activities.
 - c. In addition in the context of place and time, the methodology will identify various locales (locations and spots): “where and when” high-risk activity takes place and prepare a detailed profile of these locales.
 - d. Ascertaining the sub-types of high-risk activities and individuals within one larger group (typology of high risk activity e.g., street based FSW, brothel based FSW etc.)

The survey started in mid June 2012 and the final report is expected by the end of August 2012

- The M&E Advisor assisted in data compilation for a CDC team conducting an Epi-Aid Investigation on High HIV Prevalence in Western Equatoria State in June 2012. The objectives of the study are to ;
 - Describe the epidemiology of HIV infection from existing data sources in WES and contiguous areas
 - Identify risk factors for high HIV prevalence in WES
 - Provide recommendations to state and national health officials

The final report for the Epi-Aid investigation is expected later in July 2012. However in the preliminary results, the study confirmed the reported high HIV prevalence in the state and advanced the following as the key factors for the same;

- Early sexual debut
- Multiple sexual partners
- Unprotected sexual intercourse
- Transactional sex
- History of conflict and instability
- Cross-border migration
- Community acceptance of risky sexual behaviors
- Limited HIV prevention services

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

This activity was completed in Quarter 1.

Objective 4: Support a Program for prevention of postpartum hemorrhage

Key Activities:

- **PPH Prevention Pilot Program**
 - TOR Developed for PPH Prevention Technical Working Group.
 - Implementation plan for PPH Prevention Pilot Program approved.
 - Twenty five trainers trained as PPH prevention trainers for Home Health Promoters.
 - Training materials for training HHPs finalized
 - Six trainers received follow up visit and 20 providers receive technical update on Infection Prevention and Control.
- **TOR for PPH Prevention TWG finalized:** During the reporting period TWG met twice to finalize implementation plan and the TOR. The final TOR is with Dr. Alexander Dimiti for approval.

- **Implementation plan for PPH Prevention Pilot Program approved:** One of the key requirements for the starting PPH Prevention Pilot Program is to get Implementation Plan approved by the Ministry of Health. The Implementation plan was approved by Dr. Samson Paul Baba, Director General, Community and Public Health, Ministry of Health. This will allow partners to initiate the implementation of program activities.
- **Twenty five trainers trained as PPH prevention trainers for Home Health Promoters:** During June 18-22 and 25-29 MCHIP-Jhpiego and SHTP II-MSH staff facilitated two workshops to prepare 25 trainers to train HHP. The major component of the training included training HHPs using BPCR and PPH prevention flipcharts, Technical information on Misoprostol for prevention of PPH, Management of PPPH at facility level, and key training skills essential for HHP training. The first course for facilitated by MCHIP-Jhpiego trainers and second course was facilitated by SHTP II trainers and two of the newly trained trainers. Given the current skills level of the providers it is recommended to identify more experience trainers for training health facility staff on management of PPH.
- **Training materials for training HHPs Finalized:** Based on the feedback received during the two TOTs, the draft training package for HHPs was further revised to make flow of topics more logical to suit the HHPs. One day of community based supervised practice as added and HHP course is now 4 days. The BPCR and PPH Prevention flipcharts and pictorial record keeping forms are updated. A 4 day training package for Health Facility staff is being finalized.

The Way Forward

- Work with various partners to:
 - Print, launch and disseminate the RH policy and strategy
 - Print launch the Family Planning Policy
- Family Planning Technical Guidelines
 - Review and update the Family Planning technical guidelines in light of the new emerging evidence
 - Review and harmonization of FP training documents/curriculum
- Advocacy with the various states stakeholders:
 - Governors, SMOH, CHD, commissioners, partners, community leaders
 - For sustained commodity security and sustainability
- Logistics and office space
 - Finalize in collaboration with MOH and UNFPA the movement to the new office premises
- Plan for HHP training on PPH prevention and distribution of misoprostol to HHPs