



Maternal and Child Health Integrated Program

South Sudan

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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:

- To build capacity for FP and RH;
- To strengthen human resources in the areas of monitoring and evaluation for HIV/AIDS;
- To disseminate the national EPI policies and support a national, multi-partner EPI review; and;
- 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. FP and RH Advisor provided technical support to the MOH Directorate of RH. Activities completed by the Sr. FP and RH Advisor included:

- Delivered presentations in an FP training of ISDP in WES and CES focusing on clarifying values and transforming attitudes for service providers to promote FP services. The workshop was preceded by training in the insertion of both Jadelle and Implanon by simulation on models and providing the services to clients at Juba Teaching Hospital. A draft FP training curriculum for service providers was field tested during this training and will be finalized under the stewardship of the Directorate of RH.
- Represented the Director General RH in Marie Stopes' South Sudan Retreat. Presentations were given summarizing the FP/RH policy direction based on the Basic Package for Health and Nutrition Services (BPHNS), FP Policy, and RH Policy.

- Lobbied on behalf of the Directorate of RH to receive support for several high ranking government officials to attend the International Conference on FP in Addis Ababa in November 2013. Participants will be supported by MCHIP and ISDP, UNFPA, and Health Pool Fund.
- Co-facilitated the MCHIP PPH Workshop in Washington DC in September 2013. A presentation was delivered on the Prevention of PPH Program in South Sudan.

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 completed by the HIV M&E Advisor included:

- Assisted the Division of HIV/AIDS to revise the prevention of mother to child transmission (PMTCT) of HIV guidelines, which were originally developed in 2010. In the last three years, there has been new technical guidance from the World Health Organization. Consequently, the MOH updated the guidelines to adopt these changes and to help scale-up the coverage and uptake of PMTCT services in the country.
- Aided the Division of HIV/AIDS, with the support of UNICEF, carry out the PMTCT situational analysis for South Sudan and the subsequent development of the PMTCT scale up plan. The analysis and the plan will primarily be used to guide future PMTCT interventions and to leverage partnerships and resources for implementation.
- Supported the Division of HIV/AIDS conduct the Test-Treat and Retain study. The study investigated the root causes and underlying factors to develop strategies and interventions addressing low ART coverage in South Sudan. The study was conducted using the “Test-Treat-Retain” cascade tool which defines a continuum of care for PLHIV with four overlapping steps extending from HIV testing, enrolment in HIV care, ART initiation and retention in life-long ART and chronic care.



- Assisted the HIV/AIDS Division to compile the 2012-2013 annual report. This report took stock of the progress made and challenges faced by the Division in the implementation of the HIV/AIDS program.
- Assisted the HIV/AIDS Division to start the HIV Modes of Transmission (MOT) study. The objective of the MOT is to use sources from different studies to generate an estimation of the specific populations foreseen to contribute most to the incidence of HIV during the upcoming year, so that prevention efforts and resources are directed to those populations. The epidemiological MOT was developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The following steps were taken for its application in South Sudan: 1) selection of the populations that share the same risk behavior; 2) search for information sources to establish indicators, including population size, HIV and STI prevalence, condom use, number of sexual partners and sexual acts with partners; 3) selection of the best quality sources to be incorporated based on defined criteria, such as study coverage, validity and methodology, and 4) data processing and analysis, which included entering information and developing estimations of HIV incidence for the coming year, by population.

Among the populations that were selected based on a common risk behavior and the availability of data to generate incidence estimations are: commercial sex workers, their clients, men who have sex with men, boda boda and various segments of the general population. Results are expected later this year.

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

Activities under this objective were completed in PY4. No activities were planned in PY5.

Objective 4: To support a program for prevention of PPH

In the previous quarter (April-June 2013), the learning phase of the program for prevention of PPH was completed and a national dissemination meeting was held. Following the success of the learning phase, the MOH approved the continuation of the program in the two counties, Mundri East and Mvolo, where the learning phase was implemented, as well as expansion in other programs within Western Equatoria State (WES) and Central Equatoria State (CES), supported under ISDP. In this reporting period:

- The PPH Officer gave a presentation on the results from the learning phase to the RH Forum meeting in Juba to further disseminate findings.
- Provided technical assistance to NGOs in Mundri East and Mvolo to continue intervention implementation at the community and health facility levels. Support included review of the monthly data from NGOs for quality and capacity building.
- Provided technical support to NGOs to replicate the clean and safe birth (including newborn care and resuscitation and management of PPH) trainings in WES and CES. The trainings targeted skilled birth attendants, community midwives, maternal and child health workers, facility supervisors and County Health Department staff. A total 110 birth attendants (18 men, 92 women) were trained during the roll out trainings under ISDP. Of

these 110, 24 were skilled birth attendants (10 COs, 11 nurses and three midwives) and 86 unskilled (25 community midwives and 61 maternal and child health workers).

Data Summary for the Two Counties:

Indicator	July- Sept 2013	Life of Project: September 2012- Sept 2013
New pregnant women registered for ANC at the health facility	914	4,592
Women who received oxytocin within 3 minutes of delivery	162	712
Women who have received misoprostol (ANC and home)	396	1,895
Women who had a home delivery	301	1,411
Women who delivered at home and took misoprostol	301	1,395
Women who delivered in the presence of HHPs	290	1,229
Women who returned misoprostol	3	65
Women who delivered at the health facility and received misoprostol	29	133
Women reporting any complications after consuming misoprostol	0	0
Number of referrals	0	0
Number of maternal deaths among clients recruited	0	0