

Technical Support to Strengthening Health Transformation Project II (SHTP II)—Phase II Trip Report

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Technical Support to Strengthening Health Transformation Project II (SHTP II)
Trip Report
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Background: The USAID SHTP II project, implemented by MSH began in February, 2009, with the goal to build on the decentralization of PHC services to improve the health of the South Sudanese people. The SHTP II has three expected results: 1) Expanded access to high impact services; 2) Increased knowledge and demand for services; and 3) Increased southern Sudanese capacity to deliver and manage services. The MOH has implemented several important policies that the SHTP II is implementing: 1) The Basic Package of Health and Nutrition Services (BPHNS) will be the foundation of all health services offered at the PHC level; 2) Contracting out of services to NGOs (lead agencies) to support the MOH capacity to expand access to and improve the quality of PHC services; and 3) PHC services in the project will concentrate on the County Health Departments and PHC facilities in 14 focus counties. This STTA is provided to support implementation of this goal, results and policies.

Purpose of Trip:

Overall Goal of the visit:

1. To develop a blue print/technical strategy for all seven high impact interventions with priority on areas where MSH is not reporting or under performing, namely malaria, family planning and HIV/AIDS.
2. Strengthen and realign operation elements of the project to meet goals and expectations (management, staffing, systems and sub-contractors).

Key Issues to Address:

1. Technical direction and leadership
2. Technical strategies and implementation
3. Administrative/systems strengthening

Expected Deliverables:

1. Revised work plan and a detailed 3 month action plan for implementation with clear weekly deliverables.
2. Identify capacity building plan for SHTP II staff and Subcontracting Partners (SCPs) and create an action plan to achieve it.
3. Prior to departure conduct an out-briefing with USAID, SHTP II staff and the MOH on key findings and recommendations on the way forward.

Activities:

1. An in-brief was held with the COTR on August 16, 2010. Additional meetings were held on August 22 and August 29 to review the MSH contract and work plan in detail, identify progress and barriers, analyze problems that inhibit SHTP II progress, and develop a detailed plan for the way forward to get the project back on course and achieving targets, objectives and results. We also agreed on additional positions to strengthen the SHTP II technical team for Training, BCC, and Quality Assurance. Annex 1 is a copy of the discussions during these meetings. Annex 2 is a copy of the new proposed organizational structure.
2. Introductory meetings were held with key GOSS MOH personnel to discuss their perspectives of the SHTP II, and a subsequent meeting with the CORE team was used to discuss SHTP II implementation, problems, and the way forward. I presented the FFSDP

- conceptual model, and John Rumunu, the Technical Director, presented the MOH technical standards and MSH management standards in the FFSDP format to the CORE Group for review and comment. Overall feedback was very positive and we received a verbal commitment to proceed with implementation of the FFSDP within the focus counties at the facility level. Training of the CHDs and SCP staff will be done at the next quarterly SCP meeting scheduled for the fourth week of September. Annex III is a list of people met during this visit. Annex IV is a copy of the FFSDP standards that were presented.
3. A meeting was held with IMC country staff and a subsequent field visit to the Malakal County IMC field site. We met with the SMOH Director and staff, and also with the staff of the CHD. We visited Detang PHCU, which required a boat trip up the Nile River approximately 5 kms outside of Malakal, and the Malakal PHCC within the city of Malakal. Torrential rains turned the area into a sea of mud and made visits difficult, but showed the access problems that patients face. Detong was staffed by a trained midwife and provide a full range of BPHS services, including FP, ANC, and attended deliveries. Malakal was a very busy urban PHCC which provided a full range of services and was better staffed, eg, they had 2 midwives on staff. However, essential support services were lacking, eg, the lab was non-functional since the assigned laboratory technician never showed up for work.
 4. Several meetings were held with SHTP II staff, both to learn about their specific activities and work plan implementation and to orient them to our visit, the goals and objectives, and anticipated outcomes. Just prior to our departure, a out-brief was held with the SHTP II team to present our findings and recommendations. Numerous meetings were held with individual team members and with team management, the COP and Technical Director, to learn more about the project and to discuss our recommendations and the action plan going forward.
 5. Over the course of two weeks, at least 3 days were devoted to working with John Rumunu, to further develop the FFSDP, incorporating MOH norms and standards for the BPHS into the quality standards section, and MSH standards for the management support systems in the management matrix. A scoring system was developed, and guidelines are beginning to be developed. The guidelines will need to be completed prior to roll out with the SCPs and CHDs at the end of September. The FFSDP framework and standards were presented to the MOH during the CORE Group meeting, and to the SCPs and CHDs during a FP/maternal health workshop conducted during the second week of our visit.
 6. As part of the work on adapting MOH standards and SHTP II indicators to the FFSDP, we developed a simplified “NGO Scorecard” to revise the method of payment of the performance bonus. We selected 9 out of the 19 indicators required by USAID to comprise the scorecard. Recognizing that lack of medications and essential commodities can inhibit indicator achievement, 7 out of the 9 indicators do not require either medications or commodities. The two that do are number of children < 1 with DPT3 (vaccines) and number of women who receive intermittent malaria prophylaxis, two doses (Fansidar). Both of these are in abundant supply in the country with stock outs uncommon. Annex V shows the content and scoring of the scorecard.
 7. Two workshops were conducted during our visit. The first was a monitoring and evaluation workshop for SCPs and CHDs during the first week of our visit, organized by Navindra Persaud, MSH M&E Advisor. I attended 2 one-half day sessions which were very important in orienting me to the M&E system and the problems faced with data quality and the flow of data. I subsequently participated on a field trip to Kator PHCC in Juba to conduct a data quality analysis, which showed the many challenges the SHTP II faces with improving data quality and collection. However, with the tools developed during the workshop, and the employment of 3 M&E officers to travel to assigned

- counties to improve data quality and collection, the reliability of the data and reports on indicators will significantly improve over the last half of the project.
8. The second workshop was a FP/maternal health workshop organized by Dr. Halida and implemented by MSH PHC Advisors for CHDs and SCPs. This workshop was well received by the participants, and it was clear that most had not received and recent training or upgrade of skills in these very important high impact technical areas. Participants started the workshop by identifying the many barriers to extending FP/maternal health services, and left 4 days later with specific action plans for improving the results desired in these technical areas. I attended several sessions that proved very useful to understanding the challenges we face in expanding the use of high quality FP/maternal health services, and John Rumunu and I provided the FFSDP framework to the participants and received positive feedback, which has been incorporated into the current standards.
 9. Human resource issues within the SHTP II team occupied a great deal of attention. A qualified candidate for the vacant Director of Finance and Administration position, which is key personnel, was identified, interviewed, and agreed to join the team. His CV has been forwarded to USAID for review, and MSH contracts will seek Official USAID CO approval this week. We also identified a candidate for the vacant Director of Monitoring and Evaluation position, which is also key personnel. We have not officially concluded an agreement with him, but at USAID's request, his CV was forwarded for review. We received verbal approval to place and expatriate in that position and will move forward with the recruitment this week. In discussions with USAID, we also agreed on the need for a Training Advisor and BCC Advisor, which will also be expatriates given the limited talent pool available in S. Sudan. A proposed Quality Assurance Advisor was also identified as an important need to fill to supervise implementation of the FFSDP in all 14 counties.
 10. USAID requested a pipeline analysis to identify where we will be in project expenditures by the EOP. Working with our home office support team, we developed an initial analysis, which showed a \$2.6 million deficit prior to the newly identified expatriate positions. A revised pipeline analysis will be developed based on the additional human resources identified above, and that will be submitted to USAID this week. USAID verbally stated that much work will be done within the mission to identify additional revenue sources to pay for the additional personnel and projected deficit to fully staff the SHTP II project and improve implementation of activities.
 11. Meeting was held with SPS staff Stephen Mawa to review the ways in which SPS can support the SHTP II in pharmaceutical supply issues to the counties and facilities. A concept paper for this support has been developed that would include posting additional SPS advisors to a cluster of counties to work on supply chain management issues. If this plan is not fully funded by USAID, SPS will train MSH, CHDs and SCP staff on the same systems and procedures. SHTP II will be responsible for supervision of these logistics and pharmaceutical supply systems.
 12. At USAID request, a mentoring plan was developed for the F&A and M&E positions. This will expand to include the other expatriate positions as well.
 13. At USAID request, a training plan is in process and will be completed next week.
 14. At USAID request, a work plan covering the USG FY '11 starting October 1, 2010 until September 30, 2011, has started. Since the team needs to be involved in this process, the work plan will be completed by September 15 for USAID review.
 15. An exit briefing with the Minister of Health was conducted on August 30. An exit briefing was conducted with USAID on August 31.

Key Recommendations: [A complete list of all recommendations is found in Annex VI]

Management Recommendations:

1. Using the USAID contract and work plan reviews as guidance, develop a revised work plan for FY '11, October 1, 2010 to September 30, 2010 by September 15 for review and comment. Include the SHTP II staff in the process to gain their valuable input and create ownership. Review the work plan on a monthly basis as a team and adjust as needed.
2. Revise the Road Map for the Future to include the strategic recommendations provided by the “surge team” visit and use this as the basis for the work plan.
3. Develop an “action plan for implementation” that shows weekly benchmarks for the next three months to ensure completion of activities.
4. Harmonization and standardization of technical approaches, training programs, and systems development across all SCPs and all focus counties is mandated by the MOH and USAID and should drive everything that we do. Therefore, all recommendations have standardization of approaches as the principal goal.
5. Develop a Training Plan using the FFSDP management matrix as the guide, assigning priorities to both technical training programs in the seven high impact areas and management training in the support systems needed to implement the BPHS. This should be completed in the next week and incorporated into the work plan, and submitted as an annex to the work plan.
6. Finish the mentoring plan to increase capacity of Sudanese staff, begun with the M&E and F&A positions, to include all key positions and other positions that may have non-Sudanese staff in place.
7. Complete the financial pipeline analysis with the new positions identified, including expatriates for Director of M&E, Training Advisor, BCC Advisor, and a local hire for Quality Assurance Advisor. Submit to USAID this week, and begin discussion regarding additional funding for them and to cover anticipated deficits by the EOP.
8. Develop job descriptions and initiate recruitment for all positions, with the intention to fill the positions as quickly as possible and staff up to support implementation of this ambitious set of recommendations
9. Schedule a meeting of all SCPs and CHDs within the next 30 days. The first day of the meeting should be with SCPs alone so that they can review their own project performance as measured by the indicators, and then develop an individual workplan for improving the NGO performance. We should also introduce the concept of an NGO scorecard tied to performance incentive payments. The rest of the meeting can then occur together with the MOH representatives from the county and state levels. As part of the meeting, both senior MOH and USAID officials can provide their expectations for the SHTP II what they expect the outcomes to be. Two days can be devoted to FFSDP training. An additional day can be used to inform participants on other important issues, such as the need for harmonized approaches amongst the counties,
10. Work with the home office support team and contracts officer to amend the sub-contracts to include:
 - Use of the NGO scorecard as a methodology for awarding the performance payment;
 - Use of the FFSDP in all facilities and reporting to us on the results quarterly;
 - Amending the reporting requirements to reduce the required indicators to the 19 indicators contained in Modification # 4 of our contract;
 - A requirement to provide monthly financial reports.
11. Management and leadership training to start within the next 6 weeks, starting with M&L training of the SHTP II technical team, then rolling it out to the county level, for CHDs

and SCPs. The M&L training will be an iterative process over the next six months, with recurring workshops at the county level every two months. The first visit will produce a specific work plan for this activity.

Fully Functional Service Delivery Point (FFSDP)

1. Finish development of the FFSDP guidelines for implementation using the FFSDP manual provided to you as a model. The guidelines do not have to be as complete as the manual, we can modify and add to the guidelines over the course of the implementation.
2. Develop a two day training course using the materials provided to you and used by us during this STTA, with supplemental material provided from Ethiopia, for use during the quarterly SCP meeting.. I will be happy to review both the guidelines and the training program prior to use.
3. We will request STTA from the MSH Ethiopia HCSP program to support development of this FFSDP training program. We are still discussing how this might occur with the Ethiopia team.
4. Produce all necessary standards, supervision check lists, guidelines and templates in sufficient quantities for the training and for initial implementation. The SCPs will be required to produce subsequent copies for continuous use within the project.
5. Sub-contracts will need to be amended to include a requirement for SCPs to use the FFSDP in each assigned facility and report quarterly on the results.

Malaria

1. LLITNs: Now that we have a good supply of LLITNs in stock and distribution to the SCPs has begun, recommend the following:
 - MSH to continue to pay for distribution to the SCPs, even though very expensive. This ensures distribution to the counties. The SCPs are then responsible for both distribution to and effective use in the facilities. This should be accomplished in the next 2 weeks.
 - Request a copy of each SCPs plan for distribution and effective use of the LLITNs by next week. Review each plan, then send comments and request adjustments as required, given USAID's desire that MSH ensure a standardized approach to all service delivery.
 - The MOH has endorsed a policy of LLITN distribution through MCH services in facilities, and each SCP needs to report on how well that is happening. However, the key issue is to ensure effective use within the household. This requires that mothers be educated by facility staff on how to use the LLITN, educational materials be provided, and that follow-up is provided in the community to ensure appropriate and effective use. Ensure that service providers' messages are harmonized and integrated, so that key messages on maternal and child health, family planning and malaria/LLITN are provided at the same visit. We need to provide the guidelines for LLITNs distribution and use (included in the FFSDP) and ensure that the SCPs and facilities implement these standards.
 - Future community-based training of the SCPs needs to include a malaria component for follow-up in the home on effective use of LLITNs.
2. Prompt Treatment with an effective anti-malarial
 - Coordinate with SPS and the MOH to ensure a continuous supply of ACT within each SHTP II health facility. SCPs will have the responsibility to

ensure delivery to facilities, forecasting of needs, and appropriate ordering to maintain a continuous supply.

- Ensure that each SHTP II facility has a copy of the MOH malaria case management guidelines and that each SCP has an adequate supply.
 - Roll out the FFSDP which contains the malaria case management guidelines in late September, and begin supervising the implementation of these guidelines.
 - Include training on community case management of malaria in any forthcoming community-based health service training. As part of the planned community assessment, each SCP to determine how many HHPs provide CCM of malaria in each community and in each county.
 - Print and disseminate any existing malaria IEC materials and case management guidelines as a top priority. Ensure that each health facility has these materials and job aids posted prominently prior to the MTE in October.
3. Intermittent Presumptive Therapy in Pregnancy, 2 doses.
- Coordinate with SPS and the MOH to ensure a continuous supply of Fansidar at each SHTP II facility using the mechanisms outlined above. In general these stocks are good.
 - Roll out the FFSDP which includes the guidelines for ITP and ensure that the SCPs have supported implementation and follow-up in each facility as part of the strategy outlined above.
 - Include training on IPT2 in any ante-natal care training supported by the SHTP II.
 - Print existing IEC materials and job aids for IPT2 and ensure dissemination to each facility prior to the forthcoming MTE.