

Sudan Health Transformation Project (SHTP II) Quarterly Report October – December 2009

December 31, 2009

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USAID Sudan (Sudan Health Transformation
Project, Phase II)
Quarterly Progress and Annual Performance
Reporting Template
(Quarter 1, 2010)

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**Sudan Health Transformation Project
(SHTP II)**

**FY 2010 Q1 PROGRESS REPORT
(1 OCTOBER – 31 DECEMBER, 2009)**

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Acronyms and Abbreviations

ACSI	Accelerated Child Survival Initiative
ACT	Artemisinin-based Combined Therapy
ANC	Antenatal Care
BCG	Basilus of Calmette and Guarine
CHD	County Health Department
CHMC	County Health Management Committee
DPT	Diphtheria, Tetanus and Pertussis
EPI	Expanded program on Immunization
FFSDP	Fully Functional Service Delivery Point
GoSS	Government of Southern Sudan
LLITN	Long Lasting Insecticide Treated nets
LRA	Lord Resistance Army
M&E	Monitoring and Evaluation
MCHW	Maternal and Child Health Worker
<i>MoH</i>	Ministry of HEalth
MRDA	Mundri Relief and Development Association
NID	National Immunization Days
OPV	Oral Polio Vaccine
PBC	Performance Based Contracting
PHC	Primary Health Care
PoU	Point of Use
SCP	Sub-contracting Partner
SHTP II	Sudan Health Transformation phase two
SIDF	Sudan Inland Development Fund
SRCS	Sudanese Red Crescent Society
STTA	Short Term Technical Assistance
TT	Tetanus Toxoid
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
WMC	Water Management Committee

I. SHTP II EXECUTIVE SUMMARY

This quarterly report covers the period October 1st through December 31st 2009 of the SHTP II. In this quarter, MSH SHTP phase II project, continued to work with eight implementing partners (less by two compared to previous quarter) in 10 countiesⁱ. MSH ceased working with implementing partners in Tonj South and Terekeka counties.

Statistical reports are received from six project sites covering the period under review. They are: CARE for Twic East, IMC for Malakal and Tambura, IRC for Panyijar, AAHI for Mundri East and Mundri West, Tearfund for Aweil South

There were no data from Tonj South and Terekeka Counties WVI did not intend to continue implementing SHTP activities in Tonj South beyond September 2009 and MSH stopped funding to AMREF based on the suspected double dipping practiced by AMREF.

Qualitative Impact

Though most of the figures for the high impact interventions were low, nevertheless there was significant achievement in other areas such as health system strengthening, where SCPs reported the support they provided to the CHD inform of trainings, involving them in routine monitoring and supervision (activities jointly conducted), and assisting them with forecasting pharmaceuticals and supplies *needs from MoH. Other achievements include* starting new ANC clinics; having gradual increase in the number of women attending postnatal care services; Distribution and follow up on LLITNs received from PSI and the Malaria consortium Under the Global Fund; And communities receiving health education sessions conducted by health workers and encouragingly by some CHMCs.

Quantitative Impact

Despite the fact that overall reporting is less than expected this quarter nevertheless, few indicators show progress. About 5400 pregnant women received iron and folic acid supplementation, 730 health personnel trained in different program areas with training in malaria prevention and treatment leading. About 742,000 people in target areas have access to improved drinking water supply through Point of use (PoU) water treatment with chlorine based chemicals.

Project Administration

Significant progress was made in Human Resource Front such as recruitment process for Primary Health Care (PHC) Advisors and Monitoring and Evaluation (M&E) Officers. In total six Southern Sudanese were interviewed for the two positions. Three Short Term Technical Assistants (STTAs) from MSH Head Quarters provided support to SHTP II in various times and in different programmatic and operational areas including support to partners workshop in December 2009 under the theme 'building capacity for monitoring and evaluation of SHTP II'. The workshop was mainly facilitated by MSH, M&E Principal Technical Advisor.

With regards to improving MSH-SHTP II M&E workforce to produce highly valid data, and based on internal consultations, MSH restructured its M&E organo-structure.

During this reporting period, Eleven out of thirteen sub-contracts were approved by USAID contracting officer.

ISSUES: What proportion of positions remain unfilled? Missing some key positions.

II. KEY ACHIEVEMENTS (Qualitative Impact)

NOTE: Data should be reported for the quarter and then cumulative for the year by quarter by SCP by indicators and then cumulative since we have annual targets. There should be a table for each SCP for each indicator including the targets. Then there should be a summary table by quarter and then cumulative for the year.

What are the trend lines? What was happening before MSH took over. What are the baselines?

When they find a problem what do they do about it?

A. Service Delivery and community mobilization:

1. Child Health

EPI:

IMC in Tambura reported that, during the quarter 458 children less than 12 months received DPT3. No other reports from other parthers? This is a significant improvement compared to 152 last quarter. This improvement is attributed to the availability of DPT vaccines in the state MOH stores albeit in small quantities. However, tetanus toxoid and polio vaccines ran out of stock at the state MOH stores during the quarter thus affecting the coverage of these antigens. There were no immunisations carried out in Namutina and Nagero due to security concerns.

2. Nutrition

Vitamin A Supplementation

- IRC in Panyijar: during this reporting quarter 435 children under 5 years received vitamin A supplementation at the health facilities. Though the coverage is lower than for last quarter (1307), this is considered an achievement because IRC and the CHD were only targeting children missed during the polio eradication campaigns.
- Tearfund in Aweil South: 325 children have received Vitamin A during this quarter as treatment and also during immunizations. Children under five years were given vitamin A during the National Polio Immunization Days and the coverage of the NIDS is believed to have reached 90% of approximately 66,000 children in the county. Final report is yet to be received from WHO.
- Twic East-927,
- Malakal-1211,
- etc.

3. Maternal Health

Ante natal care Attendance

- IMC Juba reported that ANC started in four of the SHTP-supported facilities in Juba with the exception of Rajaf east PHCC and Lirya PHCC, which are still lacking qualified staff to carry out the service.
- IRC and the County Health Department (CHD) in Panyijar County have sustained the delivery of health education to the population throughout project implementation, focusing on the benefits of delivery at the health facility. Maternal Child Health Workers (MCHWs) and the midwife have specifically focused on communicating this maternal health messages to every woman who seeks ante-natal care at the health facilities.

Post natal care:

- CARE in Twic East reported that 52 women received post natal care. This is a great achievement Q: Why is this a great achievement?
- Save the Children in Mvolo reported that a total of 134 women received postnatal care at the facilities. The number of mothers attending the postnatal care has greatly improved compared to the past months. Health education has increased the awareness of the importance of services rendered at the health facilities and thus increased the motivation of mothers to attend the facility and benefit from the services. Midwives', CHWs, and MCH workers continued to provide health education on the importance of visiting health facility for postnatal care; they will continue to ensure that mothers and babies benefit from the maternal health care services. SC will continue holding community workshops for mothers to encourage them to participate and promote the services rendered at the health facilities.

4. Malaria

Long Lasting Insecticide Treated Nets (LLITN)

- CARE in Twic East made follow ups at the PHC facilities and homes to ensure proper usage of the 50,250 pieces of LLITNs distributed by MoH and PSI within the county in the previous quarter. Compared to the previous quarter, malaria cases decreased significantly, an indicator of the fact that preventive measures including using of nets are being observed by a good number of community members.
- Save the Children in Kapoeata North distributed **328** LLITNs during the quarter through EPI and ANC services. NOTE: 328 bed nets over 90 days < 4/ bed nets distributed per day. This is not good performance. All the LLITNs were received from PSI. All facilities use the standard clinical guidelines for malaria treatment which has been produced by the GoSS Ministry of Health; all the patients diagnosed with uncomplicated malaria were treated with ACT (Amodiaquine and Artesunate).
- Save the children in Mvolo distributed **129 LLITNs** to pregnant mothers and children under 5 years in the health facilities. NOTE: This is only slightly more than 1 bed net distribute in the country per day over the last quarter.
- IRC in Panyijar distributed 341 LLITNs at the household level to pregnant women and children under 5 years old. The health workers taught and demonstrated to them how to use the LLINs and the importance of sleeping under a mosquito net, a well recognized strategy for malaria prevention through transmission interruption.

Increased availability and improved management of supplies at health facilities

- Tearfund in Aweil South reported that, during the quarter medicines were received frm MoH though essential drugs such as erythromycin tablets, quinine tablets, were missing from the kits.
- In Tambura: during December and October, essential drug stocks were stable throughout the months with no stock outs reported. Drug supplies were delivered on time at all functional units as there was a relative improvement in the security situation in Tambura.
- IMC in Juba reported no stock out of essential drugs during October and November except for anti malaria in Gudele PHCU during November.
- SC in Mvolo reported to have received expired ACT from the State Ministry of Health. Also the health facilities ran short of drugs that included; antibiotics, anti-malarial and IV fluids. The issues regarding drugs are being discussed with SIDF and CHD who will follow-up with the State Ministry of Health.
- IMC in Malakal reported that essential drug supplies were available in all facilities except anti-malaria drugs (particularly for adults), para-checks and a few antibiotics.

The shortage of antimalaria drugs and para-checks has been constant for the last two months and there is an urgent need to address this situation prior to the start of SHTPII

NOTE: When they found a problem, what did they do about it?

5. Family Planning (FP)

- Tearfund Aweil South: Family planning activities have still been restricted to awareness creation to address strong cultural issues regarding artificial methods of birth control. Awareness has been integrated in health and nutrition messages which stress the importance of birth spacing in child care. TBAs and the MCHWs have also been trained on breastfeeding as birth control, but progress has been slow due to cultural sensitivity and the need for community empowerment.
- CARE in Twic East reported that, family planning activities were simultaneously on-going together with ANC and health education activities/campaigns. Though slowly picking up, more women than men have showed interest in getting information related to family planning and some women are helping in creating awareness about these particular activities. Awareness talks on contraceptives and use of condoms are being disseminated at the PHC facility levels and during community meetings through the MCH workers and Public Health Officers.

NOTE: Essentially no progress on FP

6. Hygiene and Sanitation Practices

- IRC in Panyijar reported that, during the quarter all 9 water points monitored under SHTP I functioned throughout the reporting period, supplying over 30,000 people with improved access to clean water. Pakam distributed 600 water purifying tablets to communities that cannot access the boreholes and are gathering water from the swamps. 12 latrines were functional across the 9 health facilities.

NOTE: Extremely poor implementation. 600 tablest? (water points monitored over 90 days? That's 1 water point monitored each 10 days!)

- CARE: During this reporting quarter, CARE water & sanitation program drilled a total of 5 more boreholes and rehabilitated 4 broken down ones. The additional boreholes drilled makes a cumulative total of 38 boreholes sunk in the project area. This complimentary water program has significantly helped in providing safe water sources and thus assisted in reducing water related infections in the project area.
- IMC in Tambura: reported that during the quarter, two water tanks were fixed in Duma and Bakiringba. These tanks are to help in ensuring adequate amounts of clean water for use in these facilities.

7. Point of Use Water Purification (PSI)

The quarter signified substantial revisions in the strategy of PSI Sudan in regards to implementation of the safe water, hygiene and sanitation programming. The PSI Safe Water Team reported that the lessons learned over two years had been well reflected on and incorporated in the new communications strategy.

NOTE: No activity in past quarter?

Outreach and Demonstrations

PSI conducts outreach and demonstration sessions in neighborhoods and health facilities in Juba, Yei and Wau. The outreach officers spend 30 to 45 minutes imparting the following four key messages:

1. Water from all sources must be treated with WaterGuard chlorine tablets in the home.
2. Water must be handled and stored properly in order to avoid recontamination after treatment.
3. Hands must be washed with soap after defecating, after cleaning a baby who has defecated, before preparing or handling food or eating, and before feeding a child.
4. Human waste must be disposed of in a latrine or buried.

During the Q4, the safe water outreach officers routinely visited the target 17 health facilities in Juba, Wau and Yei the morning to conduct education sessions with the waiting patients.

Focal persons from seven churches in Juba conducted outreaches in their neighborhoods and after Sunday mass.

School to Community Health Initiative

Within the framework of this program, PSI conducts safe water system trainings in primary schools in Juba and Wau. The objective is to equip pupils with the knowledge necessary for them to act as agents of change in advocating for the adoption of safe water system in their homes and schools.

PSI Sudan entered in partnership with UNICEF to implement comprehensive health and hygiene programming in 10 schools in Juba. Under this agreement UNICEF is responsible for providing infrastructural improvements, such as latrines and hand washing stations to encourage the students and school administration to practice the safe hygiene behaviors encouraged in PSI trainings. While according to the agreement, all 10 schools were targeted for infrastructural improvements, only three saw beginning of construction in December 2009. According to the focal person at UNICEF, this delays and downsizing were influenced mostly by the budgetary constrains at the end of the year.

Modular Trainings

As PSI Sudan was revising the communications and marketing strategies, the number of modular trainings that took place between October and December had been limited.

Delta Marketing Planning Process for Water Guard and PUR

From November 12 to 13 of 2009, PSI Sudan conducted interpretation session of for the FoQuS qualitative research, which was followed by a week of Delta marketing planning process for Water Guard and PUR. The process was facilitated by the Research and Communications Department of PSI Sudan and led by PSI Regional Researcher – Participatory in nature, the process brought together representatives of program and sales teams both from Juba and the field as well as program managers, UNICEF and FHI staff.

Both research and marketing planning processes were focusing on three key behaviors promoted by PSI Sudan: consistent and proper water treatment at point of use; hand washing with soap; and safe disposal of human feces. As a result of this process, the team Developed an archetype of the target audience, Sadia, an extended marketing plan, that includes a communications strategy and a work plan addressing all four Ps of the marketing mix: product (which can be a behavior), price, place and promotion. Please see attached one page marketing plan summary for more information.

8. Prevention of HIV/AIDS

Tearfund in Aweil South: similar to same activities in the previous quarter, awareness raising is ongoing in villages through churches, health facilities and schools. Youth are a major target and a trained counselor is in charge of the village mobilization and training others on health education. People have been reached through community teachings and video shows. VCT/PMTCT is not yet being established due to lack of facilities and qualified staff. One counselor is trained and is carrying out awareness activities.

B. Increased demand for primary health care services and practices

Community behavior change strategies and appropriate materials used to increase demand for and access to preventative and treatment services

- Tearfund in Aweil South : same as during the previous quarter's activities, Health and hygiene promotion was conducted through community groups that served as volunteer health promoters through a village transformation program. The volunteers undergo Training of Trainers sessions and are expected to pass health messages and mobilize communities to improve their hygiene practices. Role plays as well as demonstrations were used in the training of the health volunteers during the village transformation program trainings/ meetings. Members of church groups, market committees, VTP members and BHCs were involved in the hygiene promotion activities; these have become resource people in the community and are carrying out disease surveillance, and health education. School children were targeted for peer influence through the child-to-child program. 27 teachers received training on health education and hygiene promotion and continue to give health messages in the schools.
- IMC in Tambura reported that, unlike in the previous quarter, a total of 8575 individuals were reached through both community and facility based health education of which 1,803 (62.1%) were females. CHMC members were involved in the health education sessions within the community. The members were also involved in receiving and verifying drugs that were delivered in the health facilities. The majority of individuals reached were through community HIV/AIDS awareness campaigns basing on the ABC strategy. The number has gone down comparatively due to the ongoing voters' registration and the insecurity factor.
- Similar to previous quarter's activities, CARE in Twic East reported a number of health education sessions conducted by 2 PHC facilities-based public officers and others for patients, clients or community members on preventive, promotive and curative intervention to many of the communicable diseases in the project site. Majority (give figures please) of attendants were women. Topics covered included HIV/AIDs (attended by 975) and hygiene & sanitation (attended by 821). Malaria/other diseases and Child diseases had an attendance of 1447 and 136 people respectively. Awareness on HIV/AIDS and STIs is noticeably going up compared to child diseases, an indication that the population has more interest in receiving information on HIV scourge than before. On the other hand low attendances in child diseases sessions indicated that more efforts were needed to encourage breastfeeding mothers and the entire population on child health issues. This will help in preventing and combating childhood illness by promoting immunization programs.
- IMC in Juba reported sessions of health talks provided through the facilities on routine basis, and to the community through the CHMCs. A total of 17,136 were reached through health education sessions, topics covered include: importance of breast feeding, malaria prevention, ANC importance, home management of diarrhoea, vomiting and importance of early referral, importance of immunization and its schedule as well as danger signs in pregnancy and labour. This is a significant achievement compared to no similar activity conducted during the previous quarters.
- IRC in Panyijar County reported that 2,277 individuals over the age of 12 were reached in November by targeted health education messages, including:

- The correct use of Long Lasting Insecticidal Nets as an effective strategy for malaria prevention;
- HIV/AIDS awareness;
- The importance of seeking health facility delivery;
- The importance of children less than 12 months accessing and completing a full schedule of childhood immunizations;
- The availability of health services, and the need to seek care early when people become sick.

These messages focused on children under 5 years old and pregnant women, who form the majority of our vulnerable populations. This is a significant achievement compared to the number of beneficiaries reached last quarter.

C. Health System Management and Governance:

1. Health System Management

CARE and CHD in Twic East facilitated the Accelerated Child Survival Initiative (ACSI) program that attracted a visit from New York by a high powered UNICEF delegation led by the Executive Director. During this same exercise, the state minister of Health in Jonglei state visited Twic East County too to welcome the Unicef High delegation and also to see the extent of health activities in the County.

Twic East received technical assistance from the CARE SHTP II technical team during the quarter, which ranged from on-job training in report writing at various levels, staff/personnel management to budget making. The head of CHD benefitted from various sessions offered by CARE SHTP II Project Manager in Panyagor.

IMC in Tambura reported that due to joint (with CHD) supportive supervision to PHC facilities, there is now less PHC facilities staff absenteeism from work and working under the influence of alcohol, and there is improvement of overall delivery of health services.

IMC in Juba assisted the CHD in filling and compiling the monthly reports which are later submitted to central Equatoria SMOH. One staff member from CHD completed training on basic application of computer software (Ms. word and Ms. Excel). Together with the CHD, IMC have requested the SMOH to install solar fridge in Lirya to facilitate EPI services in the whole Payam. Currently, IMC and the CHD in Juba organized accelerated campaigns in Lirya. The support provided to CHD is a step forward compared to previous quarter when the CHD was supported in planning and supervision of acceleration vaccination campaign.

IMC in Tambura reported that, during the quarter, they conducted a joint supportive supervisory visit with the CHD to Source Yubu and Tambura PHCCs. During the visit, the health staff complaint of the delay in receiving the new contract. IMC explained the reasons for the delay in issuing new contracts that was accepted by the staff. Also, the staff in Source Yubu mentioned that deteriorating security situation with frequent rumours of imminent LRA attacks is the main challenge they are facing. The CHD team prepared a monthly report which was delivered to the state MOH. The above activities is a significant progress in addition to what the CHD did during the previous quarter when a team from CHD attended a state health coordination meeting and a sector a joint all sector coordination meeting that was held for the first time in many years not clear, please edit.

SC in Kapoeata North reported that, during the quarter, the CHD had facilitated to avail TT vaccine that was out of stock at Riwoto PHCC. The CHD and SC also shifted staff to Nakwa PHCU where there were personnel issues which led to a lack of adequate reporting in past months. The shift was aimed at these staff to improve the level of performance of their colleagues in Nakwa PHCU.

SC in Mvolo reported joint field supervisory visits they conducted together with their Sudanese partner SIDF and the CHD to seven health facilities (3 PHCCs and 4 PHCUs). The visits aimed at supporting the health workers during their routine activities to ensure the improvement of the quality of health service provision. The team also had a separate meeting with 12 CHWs that addressed the following: Morbidity reporting, EPI outreach activities and coverage, Performance of newly hired and trained dispensers, Case definition of hepatitis, watery and bloody diarrhea, Drugs recording and patient's registration, Reporting on drugs discrepancies, ANC records and mosquito net distribution to pregnant mothers. The meeting aimed to share ideas from different staff and to correct the mistakes that were made to improve their performances and strengthen the health system. The community health workers expressed their concerns about different issues including: under staffing at the facilities leading to working double shifts, the last salary review was conducted 3 years ago, and a lack of shelter materials in some facilities like Lam. SC will meet with SIDF administration to discuss the issues presented and look for solution.

IMC in Malakal reported that one CHD staff who was enrolled for basic computer training is near completion

2. Health sector Governance:

CARE in Twic East reported that 15 CHMCs met on a monthly basis to assess, discuss and report activities at their respective PHC facilities to the CHD and CARE management. The committees assisted in mobilizing the community to undertake tasks such as supervision of the health workers and maintenance of PHC facilities structures. This is a significant progress after the 15 CHMC were established and members trained during the previous quarter.

IMC in Tambura: 10 CHMCs held their monthly meeting, some of the topics include: The prevailing LRA insecurity, up stocking of drugs (Namutina) to cover for the IDP surge, the need for more staff to be seconded for one of the non-functional PHCUs, regular and more frequent supervisory visits from IMC Managers, the health situation in their areas and how to address the challenges experienced, the CHMC of the various facilities continued to carry out their roles and responsibilities. The CHMC were also involved in health education of community members on aspects of hygiene and sanitation, HIV/AIDS and use of insecticide treated mosquito nets. The CHMC of Duma and Bakiringba were involved in mobilising residents to make bricks to be used for making a platform for the water tank in the health units.

Save the Children in Kapoeata North: during the quarter, formation of six CHMCs composed of 12 members each have been finalized in all the villages where health facilities are located; training about the roles and responsibility of the CHMCs will be conducted in December. It is hoped that the committees will work to advocate to the community to hold clinics accountable to the community, help manage water pumps and advocate for their repair, and help to sensitize the community to the importance of seeking early treatment in clinics, and attending ANC and PNC. During the previous quarter, formation of the CHMCs was not completed.

IMC in Juba: reported that, the construction of maternity unit by the Kwerijik Community is near completion. Once the construction work is completed, Kwerijik PHCU will be able to deliver ANC and delivery services in much improved infrastructure. The construction was at the planning stage during the previous quarter.

IMC in Malakal reported that 35 members of CHMC received training on Public health issues. Topics covered included HIV/ AIDS, Nutrition, water and sanitation. The CHMC also discussed on how to collaborate effectively so that services improve at their sites

IRC in Panyijar reported that two boreholes were reported sluggish during the reporting period. The CHMCs of Dekom and Tiap took initiative to address the problem themselves. The committees collected a small fee from the households, traveled to Payinjar for spare parts, and hired a technician. They are now both functioning although Tiam's borehole remains sluggish. (Why is this not under water and sanitation section?)

Water management committees:

CARE through the water project has established a total of 46 Water Management Committees (WMCs) and trained 25 until now. The trainings are on-going as more committees are established. The committees are responsible for ensuring that boreholes usage is controlled and protected to prevent break downs. Each, Water Management Committee comprises of five (5) members out of which 2 are women. The committees meet on a monthly basis to discuss issues affecting their particular boreholes and present their report to the county water department to be shared with CARE and other stakeholders for possible interventions where necessary.

Human Resource Capacity:

In Twic East CARE reported that, during the quarter, a total of 24 hygiene promoters attended a one day HIV/AIDS workshop held during the month of November 2009. The workshop was organized and facilitated by CARE hygiene and sanitation team (water project) who invited the health team to offer a one day presentation on HIV/AIDS to the participants. The workshop was part of the planned trainings/campaigns to the community members purposely to give updates as far as HIV/AIDS issues are concerned. This is a significant achievement compared to no hygiene promoters trained in the previous quarter.

AAH in Mundri Counties reported that during the quarter, 27 health workers attended three days refresher training on malaria prevention and treatment.

IMC in Tambura reported that 12 MCH workers were trained on data management, and the importance of data collection and management. They were also reoriented on how to fill in the antenatal and maternal registers.

Lessons Learned

What is the project staff doing to address the issues outlined below?

- D. SHTP II has been designed to depend for some building blocks on other national or multi-lateral programs. SHTP II by design was supposed to depend on accomplishment of SHTP I for infrastructural development and on national procurement and supply chain for its commodities and drug supply. Observations from assessment and supportive supervision to health facilities revealed that many health facilities lack space for introduction or improvement of high impact interventions to achieve the Fully Functional Service Delivery Point (FFSDP) even boreholes established under SHTP I are broken down. Drug supply for the reported quarter has not been delivered by the Government Pharmaceutical system. Thus depending entirely on other programs and government system for building blocks such as infrastructure and supply chain affects progress of the project.
- E. Training Village Health Committees (VHC) together not only achieves health goals but also serves to build bridges by creating opportunities for peaceful, positive exchanges between communities once torn apart by inter-tribal conflict. In Wau County two committees have decided to work together to achieve one goal to support each other in

their common aim of improving the health status of their community. MSH will continue to promote such models for community mobilization workshops for SHTP-II: finding motivated communities, bringing them together to learn from and be accountable to one another.

III. PROGRAM PROGRESS (Quantitative Impact)

NOTE: We need this chart for all SCPs for all counties. It's unclear below where these numbers are coming from.

PROGRESS ON INDICATOR TARGETS (Quantitative Impact)

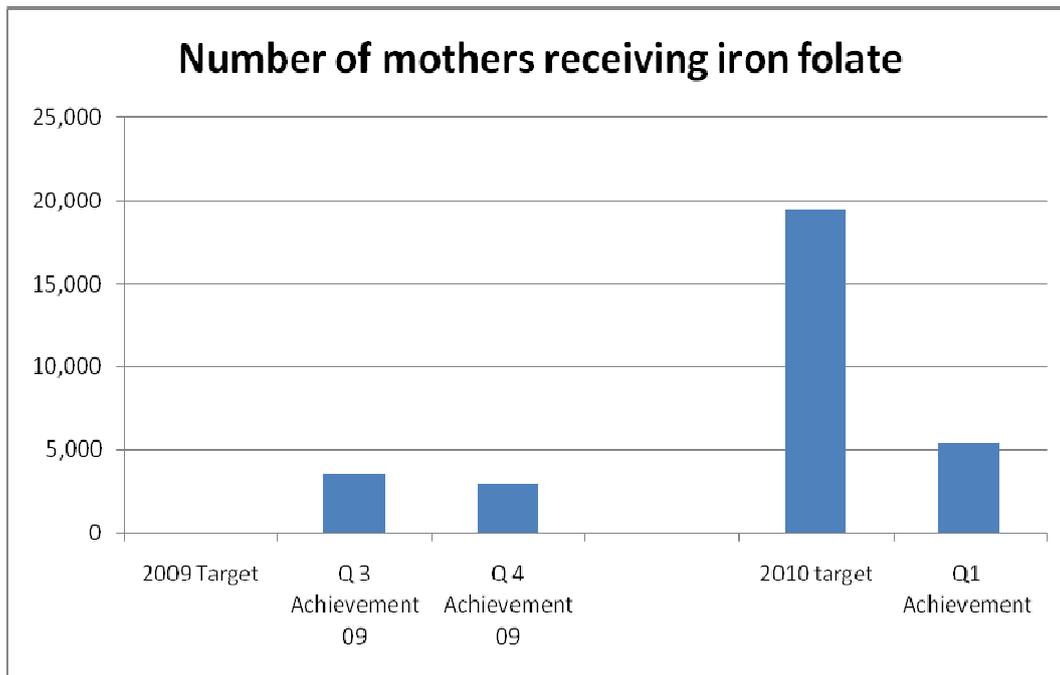
Indicator	Annual Target	Quarterly Achievement Q1 2009-10	Quarterly Achievement Q22009-10	Quarterly Achievement Q3 2009-10	Quarterly Achievement Q4 2009-10	Annual Achievement
Number of children less than 12 months of age who received DPT3 in areas currently assisted with USAID funds.	22,388	3087				
Percentage of children less than 12 months of age who received DPT3 in areas currently assisted with USAID funds	55	55.15%				
Number of health personnel trained in immunization, diarrhea management and ARI management with USG support	150	53				
Number of children under 5 years of age who received vitamin A in areas currently assisted with USAID funds	186,979	4047				
Percentage of children under 5 years of age who received vitamin A in the last six months in areas currently assisted with USAID funds	75	6.5%				
Number of ITNs distributed to USG-supported counties	200,200	841				
Number of people trained in malaria treatment or prevention with USG funds	150	400				
Number of deliveries with a trained TBA or MCH workers in USG assisted programs.	20,300	1,389				
Percentage of assisted deliveries by trained health service providers or TBA in USG supported counties	20	14%				
Number of women with a skilled attendant at birth	11,290	1658				
Percent of women with a skilled attendant at birth	20	16.3%				
Number of mothers receiving iron folate	19,478	5378				
Number of health personnel trained with USG support	1700	280				
Number of people covered by USG-supported health financing arrangements	1,257,912	1,257,912				
Number of SDP providing the BPHS with USG support	165	149				

Indicator	Juba		Wau		Yei		TOTAL
Jobs created	111		10		10		131
New or expanded businesses	145		156		61		362
Water Guard strips sold	157,465		13,755		11,480		182,700
PUR sachets sold	98,172		9,840		2,880		110,892
Liters of safe water provided	32,474,720		2,849,400		2,324,800		37,648,920
People with access to improved drinking water supply	638,943		61,523		41,493		741,959
	Females	Males	Females	Males	Females	Males	TOTAL
Individuals reached with messages on safe water, hygiene and sanitation	168,856*	150,192*	1,605	1,544	3,945	2,059	328,201
Individuals trained in good hygiene and sanitation practices (modular trainings)	0	0	9	9	0	0	18

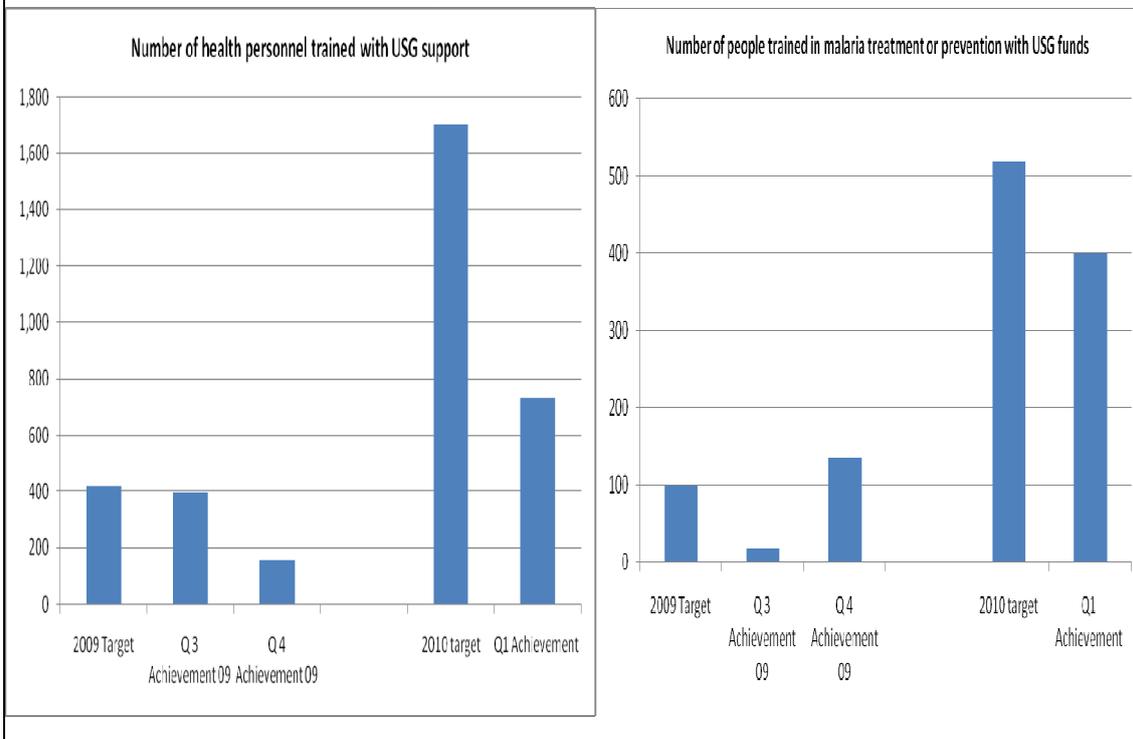
Figures Reached in Q4, 2009 by PSI Sudan under Safe Water and Hygiene Component of SHTP II

Achievements in Graphs

Maternal Health/ Iron and Folic acid through ANC

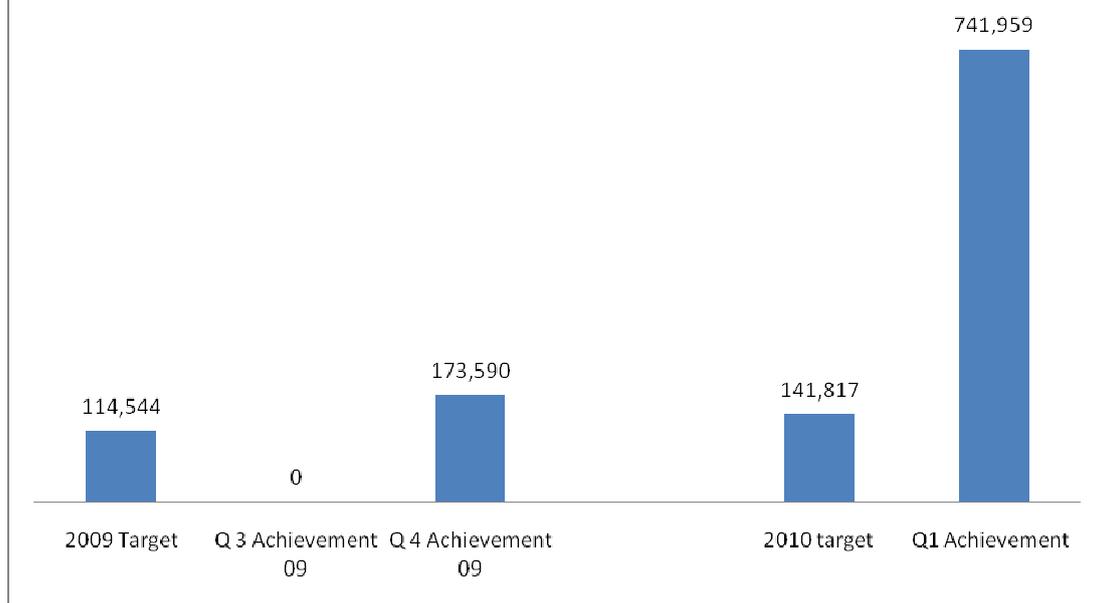


Health Personnel trained. More than 50% are trained in malaria treatment and prevention.

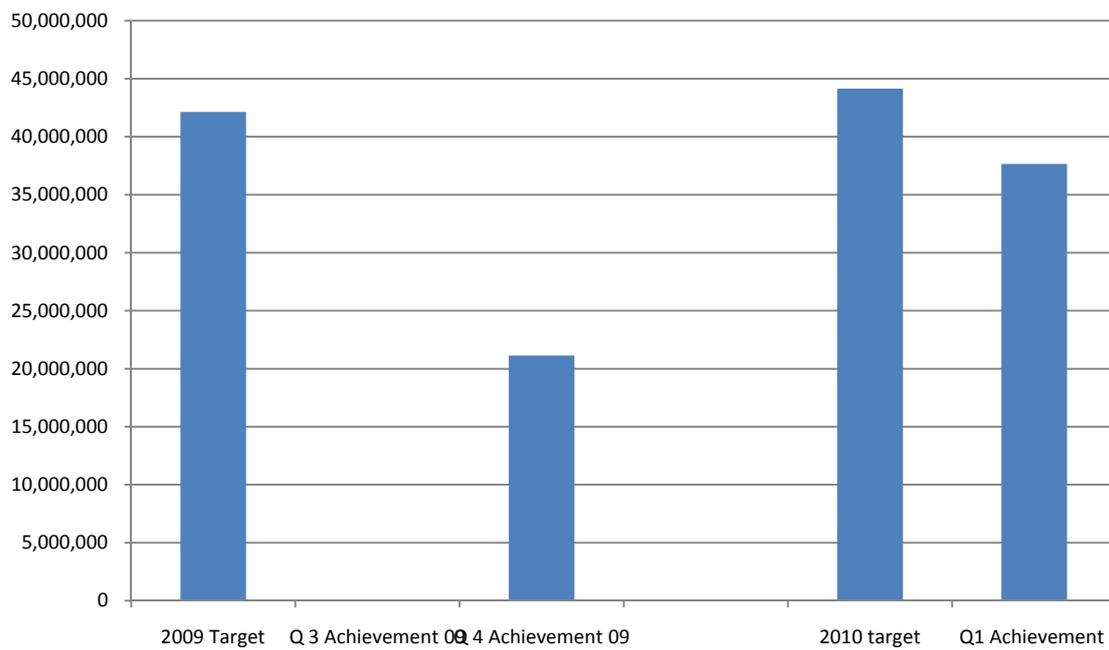


Point of Use Water Treatment

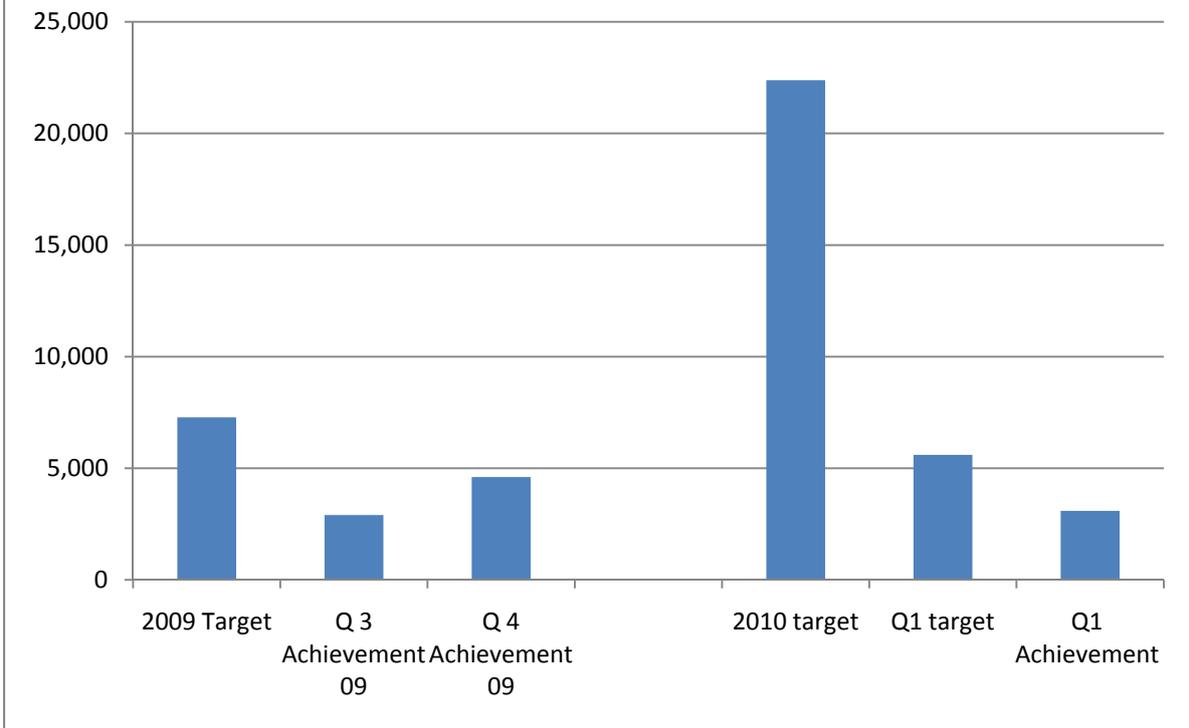
Number of people in target areas with access to improved drinking water supply as a result of USG assistance



Liters of drinking water disinfected with USG-supported point-of-use treatment products



Number of children less than 12 months of age who received DPT3 in areas currently assisted with USAID funds.



IV. MONITORING

In the quarter under review (October, November and December) the following activities were performed:

(i) Routine receipt and review of data from the subcontracting partners

Data is submitted electronically by the subcontracting partners and since there is no package to import it into SHTP II computer packages, it is printed and entered manually into data entry screens designed by the MSH Principal Technical Advisor. All the relevant data required for the indicators in the project are captured in this way. These are summarized and analyzed for incorporation into the progress report.

(ii) Field visits

In this quarter, the following counties were visited.

- (a) Mundri East
- (b) Mundri West
- (c) Kapoeta North
- (d) Wau and
- (e) Aweil South

(iii) M&E Workshop

The MSH Principal Technical Advisor came for an STTA in December 2009 to facilitate this workshop. Although the main focus of the workshop was training in M&E concepts, data collection and reporting tools, the training covered other areas also as seen in the objectives of the workshop narrated below:

- Objective 1: Ensure common understanding of the fully functioning service points in the context of BPHS and other relevant government health policies, guidelines and protocols.
- Objective 2: Ensure that participants have a common understanding of the basic principles of performance based contracting
- Objective 3: Enhance participants understanding of the basic concepts used in monitoring and evaluation
- Objective 4: Ensure that participants fully understand the reporting requirements of SHTP II and MOH-GOSS/ government tools that are available for frontline data collection
- Objective 5: Agree on a common system for reporting to SHTP II, including frequency of reporting, summary sheet to be used and mode of submission of reports.
- Objective 6: Update participants on the government tools that are available for frontline data collection

The workshop was attended full-time by technical staff of SHTP II head office, SCPs and County Health Department. Heads of Departments in MOH, SCPs attended PBC and Policy related sessions. The training lasted four days and attended by about 50 people. The details of this can be obtained in the workshop report.

(iv) Data Quality Assurance

The MSH Principal Technical Advisor finalized the Standard Operating Procedures and Data Quality Assurance Checklist for SHTP II. This was tested again jointly by the PTA, M&E and PHC and M&E Technical Advisor.

V. NEXT QUARTER'S WORK PLAN

Main activities planned for the next quarter include the following:

- Complete contracting process and award Performance Based Sub-contracts to successful SCPs;
- Follow up December, SCPs M&E workshop recommendations such as production of MoH-GoSS M&E tools for SHTP II focus counties;
- Compile a package of materials and tools for working with CHDs (including job descriptions) and develop criteria for PBCs for supervision with CHD (This is work in progress);
- Finalize PSI WASH proposal review and contract negotiation process and award contract by March 30, 2010;
- Continue with the joint supportive supervisory visits to remaining counties;
- Conduct data quality assessment visits to SCPs

Actions planned by SCPs in the next quarter:

- Tearfund in Aweil South: difficulty in accessing vaccines from EPI cold chain in Aweil causing vaccine stock out and immunization lapses; few cold chain hubs (Only two) in the whole county; CHD Officer is of low professional qualifications (trained only to CHW level), not able to handle the post professionally.
- IMC in Juba: reported the following challenges: inadequate PHC facility staffing especially Rajaf East and Lirya PHCC, Midwives and CO/MA assistants are in severe shortage in these facilities. These two facilities are far from Juba town and identified staff were not willing to work in them; Some of the staff were educated in Arabic, and trained in Arabic, thus it becomes very difficult for them to communicate during trainings, meetings and as well face difficulty in filling the service registers.
- IMC in Tambura: To meet and discuss with the PHC-facility-based staff on particulars of the new grant particularly the concept of performance based contract; continue to strengthen and build the capacity of CHD as well as encouraging communication with the state MOH. Continue to carry out joint support supervision of health facilities. Continue to make plans and preparations for the SHTP 2 and inculcate in to staff the new principles of a performance based contract. Pick up vaccines from state MOH so that EPI acceleration campaigns can be carried out. Carry out any pending activities in this current grant so that when the new grant sets in there is no unfinished business to handle; Continue to make plans and preparations for the SHTP 2 and inculcate in to staff the new principles of a performance based contract; and Pick up vaccines from state MOH so that EPI acceleration campaigns can be carried out. Repeated!
- Tearfund in Aweil South: to handover health services management to the new SHTP II implementing partner and provide final report after hand over. Support to partner taking over health for smooth running of the health services.

- CARE in Twic East: to complete the necessary training sessions planned at the beginning of the project period; to coordinate with UNICEF and State MoH to improve on quality drugs and vaccines supply to the PHC outlets; fill all the vacant positions at the PHC facilities to enhance capacity and quality health care service delivery.
- IMC Juba: IMC will continue to discuss with the CHD to have a better package of incentives for staff who will be working on those areas.
- The IRC and CHD plan to bolster outreach immunization activities during the dry season to increase and sustain the number of children less than 12 months accessing vaccinations and completing the immunization schedule. Plans are being finalized to send vaccination teams to the cattle camps in order to reach the children there as part of regular community outreach. The IRC and the CHD have placed an order with the State Ministry of Health in Bentiu to increase the number of vaccine carriers to achieve this mission
- IMC in Tambura to follow up on tetanus toxoid and BCG vaccine and also replenish stocks of other vaccines.
- AAH in Mundri Counties suggests the following remedial action to increase the number of pregnant women attending ANC clinics: to deploy the trained and active TBAs in the health facilities as facility –based TBAs and pay them- they'll also conduct deliveries at homes and records them; to continue advertising for the posts of CMWs; to select suitable candidates by the community and CHD for CMWs training (Long-term measure/investment); and to train one class of MCHWs to fill the current gap of the MCHWs - proposed together with training of CMWs as a long –term investment under SHTP II .
- IMC in Kapoeta North: Upon initiation of SHTP II, it plans to hire a Reproductive Health Officer who can work closely with clinic staff and communities to increase quality of services as well as community awareness and acceptance of maternal health activities.
- IRC in Panyijar: to increase MCHW activities in the community in promoting clean deliveries in order to increase IRC's engagement with pregnant women at the household level.
- SC in Mvolo: to continue raising awareness and increasing knowledge on maternal health issues through workshops and health education messages including mobilization that will encourage mothers to attend the health facility for maternal health services. Meanwhile more community workshops will be held in SC operational areas for better health education coverage.
- IMC in Tambura plans to carry out joint planning meetings for 2010 with CHD. Facilitate and help CHD to come up with work plans for 2010.
- IMC in Tambura: to intensify health promotion campaigns, Continue to Support and encourage CHMC members to carry out their tasks and responsibilities especially creating awareness and building demand for health services.

VI. FINANCIAL INFORMATION

[Redacted]

VII. PROJECT ADMINISTRATION

Constraints and Critical Issues

Constraints and reasons for not meeting some planned activities by MSH-SHTP II include the following among others:

- Interruption by Christmas and new year holidays;
- Delay in signing of Sub-contracts;
- During the quarter MSH-SHTP II worked with nine implementing partners (less by two compared to previous quarters) in 10 counties. The two implementing partners include AMREF in Terekeka County and World Vision in Tonj South County.
- MSH ceased working with implementing partners in Tonj South (WV) and Terekeka (AMREF) counties;
- Only five implementing partners submitted statistical report covering the whole period from October through Dec 09. Statistical reports from the remaining six counties covered only the period October 1st - November 30th.

The Sub-contracting partners also indicated some challenges during this reporting period shared here below:

- IMC in Tambura reported that during the quarter, insecurity due to LRA activities affected service delivery and accessibility; Though Yambio-Tambura road was repaired, small feeder roads remain problematic especially with the rains; Stock out of tetanus toxoid, OPV and BCG at the SMoH negatively affected EPI coverage; the delay in resolving funding issues made some staff to become apprehensive.
- IMC in Malakal: Lack of incentives caused reluctance in terms of working and submitting reports among the PHC-based staff; Shortage of anti-malaria drugs and few antibiotics; Reading and record keeping among the clinic staff continue to be a challenge as most of health workers in Malakal find it difficult to read and write in English – are literate in Arabic.
- CARE reported delayed acquisition of drugs and vaccines from MoH and UNICEF Juba and Central pharmaceutical stores; delayed transfers of funds from the sub-grantor and CARE headquarters in Atlanta; high turnover of community-based health staff;
- AAH in Mundri reported delay in fund release from MSH frequent break down of the aged project vehicles; lack of vitamin A supply, lack of VCT kits for HIV/AIDS activities, inadequate staffing of VCT Counselors, lack of PMTCT Counselors, and inadequate staffing at both PHCCs and PHCUs as well as high turnover of staff.(What could be the cause of the high-turnover?)
- Save the Children in Kapoeata North reported the following constraint: understaffed facilities, Lack of Vitamin A for routine EPI activities and for NIDs campaigns, absence of the midwife from the PHCC due to illness that a decline in ANC, PNC, and facility-based deliveries, lack of adequate referral mechanisms, limited laboratory services at the PHCC and Lack of transportation that had impacted the ability to perform coordinated EPI outreach activities in Kapoeta North.

- Save the Children in Mvolo/Wulu: Small quantity of vaccines supplied for EPI programs; drugs stock in some of the health facilities with no feedback from the State Ministry of Health upon request. Lack of shelter for some health facilities (e.g. Lam PHCU) with drugs stored in the house and consultation conducted under the tree since the clinic was destroyed during the war.

Personnel

Issues related to Human resource management are as follows:

Hiring of Sudanese with appropriate skills was very challenging as the 22 years protracted war devastated the populace and few skilled Sudanese in country are currently employed by INGOs, UN or GOSS and many Southern Sudanese still remain outside of Sudan or in the North. Nevertheless efforts are exerted to get more on board. Four (4) Sudanese interviewed for 3 PHC Advisor positions and Three (3) M&E Officer positions. These processes are at advanced stage and job offers will be issued in the Quarter starting January 1.

Changes in the Project

During this reporting period no major programmatic change deemed necessary. Nevertheless, due to the vastness of Mundri County and its division into Mundri East and West counties, it MSH-SHTP II sought advice from the CTO to award two sub-contracts to MRDA and AAHI for Mundri East and West respectively. Both sub-contracts are being processed.

Contract Modifications and Amendments

Non

VIII. INFORMATION FOR ANNUAL REPORTS

Not applicable

C. GPS Information

GPS information will be provided in the next quarter report (January to March 2010).

D. List of Deliverables

One product is cited below and attached in annexes section.

- Monitoring and Evaluation workshop report

E. Summary of non-USG Funding

Not applicable

Annexes & Attachments

Success Stories

Success story #1: BABY PUR



For Mary Selina, a volunteer at the Juba branch of the Sudanese Red Crescent Society (SRCS), the morning of September 17 was just another day of the mass hygiene promotion campaign conducted in collaboration with PSI Sudan. Following an intensive training, Mary and her 99 peers were moving from house to house in the neighborhoods of Gudele West explaining to people the importance of consistent water treatment and proper ways to use *WaterGuard* and PUR. Neither Mary nor her family expected this to become the day they

would add a fourth child to their number.

Focused on the importance of the messages that she had to share with the communities, Mary did not notice any pain until the end of the last outreach session for the day. Just as she prepared to go back to her family, the labor pains became noticeable and she was rushed to the nearest hospital where she gave birth to a baby girl later named Madinah PUR.

Mrs. Selina says that the main reason behind her daughter's name was the importance of the product in her life. She has been using and promoting PUR since the first mass distributions during the emergency response to cholera outbreaks in Juba two years ago. Being very involved in her community as a permanent volunteer of the Red Crescent, Mary was appalled by the numbers of young children dying of diarrhea, especially when she noticed that her own children were sick less frequently once she started treating drinking water for her family on a regular basis. Mary emphasizes that the desire to spread the message about the importance of safe drinking water for children was the main reason why she wanted to participate in the mass public awareness campaigns conducted by PSI Sudan in May and September 2009.

In 2009, aiming at reducing the burden of diarrhea among children under five and strengthen communities' preparedness to outbreaks of cholera, PSI Sudan conducted four mass public awareness campaigns in the cities of Juba, Wau and Aweil. The campaigns, engaging a total of 376 SRCS volunteers, reached over 300,000 individuals with messages on safe water, basic hygiene and sanitation.

Concurrently, the point of use water treatment products – *WaterGuard* and PUR have been made available through a network of wholesalers and retailers which allows the product to reach the community through local shops and kiosks reducing the need to travel distances to pharmacies or clinics. In the three quarters of 2009 alone, PSI Sudan and partners sold a total of 60,708 sachets of PUR and 515,760 strips of *WaterGuard*, providing 103,759,080 liters of safe drinking water to the communities of Southern Sudan.

All this, though, is not as important Mary and Baby Pur as the fact that, because of her regular use of water treatment, Mary was able to stay through her pregnancy and Baby Pur now faces a much brighter, and healthier, future.

Success Story # 2:

From Foes to Friends: Achieving Health Goals through Supportive Partnerships



During war time the city of Wau in Western Barh el Ghazal State of southern Sudan was divided in two based on tribal affiliations. No one crossed from one side to the other except under threat of death. While the signing of the CPA enabled the two communities to start communicating, the idea of working together towards common goals remained farther from reach. This story is about these two communities, who at one time were willing to kill each other, now decided to support each other. MSH began community mobilization activities in Wau August 2009. One of their main

priorities upon setting foot on the ground was identifying Boma Health Committees where they existed and triggering the creation of committees where they did not exist. This was possible only through tireless efforts to build positive relationships through meetings with Chiefs, Elders and County health departments.

After identifying motivated Boma Health Committees, MSH planned a workshop to bring two of Boma Health Committees (Jebel Keir and Hai Dinka) together. The purpose of the workshop was to clarify the purpose and expectation for the coming SHTP-II project, identifying the role of all stakeholders, including the Boma health committee in making the project successful, prioritizing community health needs and identifying what could be done with existing resources to address them. The theme of the workshop was “everyone plays their part; the more we do, the more we get.” By end of workshop, each Boma health committee to identified one easy short-term project that they would commit to doing and hold each other accountable for completing after the workshop.

The Jebel Kheir Boma health committee decided their short-term project would be the institution of mass cleaning campaign of their neighborhood starting on the 10th November. Follow up visits proved that they have indeed instituted this campaign on a weekly basis. The Hai Dinka Boma Health committee decided their short-term project would be a mass cleaning campaign and latrine construction. Follow-up visits found that they managed to dig 18 latrines—exceeding their original goal of 8. They are now locating hardware such as latrine slabs to complete construction.

Follow-up visits also afforded an opportunity for chief Aluel Diit of Hai Dinka to visit chief, Pasquale Udao Maktab of Jebel Kheir chief. The two chiefs met to see and speak of the progress of their projects since the workshop, and how they could work together to achieve more. Chief Pasquale said “Aluel diit were you afraid to come here thinking if you are not Paratit you will be killed?” And she said “no those days are over. I’m not afraid at all.” They hugged each other and promised to work together

These two committees have decided to work together to achieve one goal: to support each other in their common aim of improving the health status of their community. This commitment, while achieving health goals also serves to build bridges by creating opportunities for peaceful, positive exchanges between communities once torn apart by inter-tribal conflict. MSH will continue to promote such models for community mobilization workshops for SHTP-II: finding motivated communities, bringing them together to learn from and be accountable to one another.

Annex I: Schedule of Future Events

STTA Schedule

Name of traveler (if known)	Dates	Purpose of travel
Intern	February – March	To assist with documentation of success stories; FP/RH policy document analysis and dissemination.
Navindra Persaud	Mid March 2010 First week of May 2010	Orientation and induction of new M&E Technical Advisor and Officers.
Dan Kraushaar	June 2010	Health system strengthening and community based intervention strategies
TBD	April 2010	Community mobilization and community based TA

ⁱ Note that Mundri East County and Mundri West County are counted together as one county in the bridging period context. However in the PBC context, period starting from December forward, the counties are considered separately.