

## **Sudan Health Transformation Project (SHTP II) Quarterly Task Order Performance Report April 1– June 30, 2010**

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July 30, 2010

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# USAID Sudan (Sudan Health Transformation Project, Phase II) Quarterly Performance Report (Quarter III, 2010)



July 31, 2010

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

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(1 April– 30 June, 2010)**

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## Acronyms and Abbreviations

AAA	Arkanjelo Ali Association
AAH-I	Action Africa Help, International
ACSI	Accelerated Child Survival Initiative
ACT	Artemesinin-based Combined Therapy
ADRA	Adventist Development and Relief Agency
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Basilus of Calmette and Guarine
CCM	Comitato Collaborazione Medica
CCM	Community Case Management
CDD	Community Drug Distributor
CHD	County Health Department
CHMC	County Health Management Committee
CS	Child Survival
DPT	Diphthteria, Pertussis and Tetanus
EPI	Expanded Program on Immunization
FFSDP	Fully Functional Service Delivery Point
FP	Family Planning
GFATM	Global Fund for AIDS, TB and Malaria
GoSS	Government of Southern Sudan
HHP	Home Health Promoter
IMC	International Medical Corps
IRC	International Rescue Committee
JSI	John Snow, International
LLITN	Long Lasting Insecticide Treated nets
LRA	Lord Resistance Army
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MoH	Ministry of Health
MRDA	Mundri Relief and Development Association
MSH	Management Sciences for Health
NID	National Immunization Days
OPV	Oral Polio Vaccine
PBC	Performance Based Contracting
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PMTCT	Prevention of Mother to Child Transmission
PoU	Point of Use
PSI	Population Services, International
SBA	Skilled Birth Attendant
SCiSS	Save the Children in Southern Sudan

SCP	Subcontracting Partner
SHTP II Partners	
SHTP II	Sudan Health Transformation phase two
SIDF	Sudan Inland Development Fund
SRCS	Sudanese Red Crescent Society
STTA	Short Term Technical Assistance
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
WMC	Water Management Committee

## **I. SHTP II EXECUTIVE SUMMARY**

This quarter report covers the period April 1 through 30 June 30, 2010. In this quarter, the Sudan Health Transformation Project II (SHTP II) continued to provide the basic package of primary health care services through nine subcontracting partners in 14 counties<sup>1</sup> namely ADRA in Juba and Terekeka; Save the Children in Southern Sudan in Kapoeta North, Mvolo, and Wulu; IMC in Tambura and Malakal; IRC in Aweil South and Panyijar; MRDA in Mundri East; AAHI in Mundri West; CARE in Twic East; CCM-Italy in Tonj South; and JSI in Wau. In addition, SHTP II-supported significant WASH activities through both PSI and the IRC, and provided capacity-building to County Health Departments through subcontracting partners. USAID Administrator, Dr. Rajiv Shah and MOH leadership visited one of SHTP II facilities (Lologo PHCC) where he discussed primary health care issues with facility staff, project staff, Lologo community leaders, and village health committees.

### **Key Achievements:**

- Significant improvement in reporting and demonstration that our efforts are beginning to show public health benefits
- Improved reporting allows us to show that 55% (12/22) of the indicators we are reporting for this period are on track to meet, exceed, or reach at least 95% of the annual targets. We are on track for at least one indicator in each of the high-impact interventions except for HIV/AIDS and Family Planning.

### **Key Challenges and Solutions:**

Late delivery of essential supplies, late salary payment, poor and inadequate infrastructure, insecurity and logistical constraints have been the main challenges during this quarter. However, efforts exerted through coordination with relevant authorities are yielding positive results, and a better outlook is anticipated next quarter, especially in the area of supplies.

### **Quantitative and Qualitative Impact**

All counties submitted their statistical data and narrative reports before this report was compiled, showing significant improvement in the reporting and achievement of indicators measured against USAID PMP targets. Updated information for the previous quarter—based on data received after that quarterly report was submitted—has also been incorporated into this report. Reports from SHTP II subcontracting partners show most of them are on track and meeting or exceeding the annual target in some indicators such as Vitamin A administration to children under five, point-of-use water treatment, training with USG funds, and DPT3. These and other achievements indicate improvement in the services provided to and the quality of life of beneficiaries in SHTP II counties. Overall, SHTP II is showing significant impact in health service delivery in Southern Sudan.

### **Project Administration**

Significant progress was made on the Human Resource front such as the recruitment process for Primary Health Care (PHC) Advisors, Monitoring and Evaluation (M&E) Officers, and other programs and operations staff. In total, 20 staff were on board during this quarter. These include three who are awaiting approval for employment in the positions of M&E Officer (2) and Logistics Coordinator (1). Two Short Term Technical Assistance visits (STTAs) from MSH Headquarters provided support to SHTP II in various times and in different programmatic areas including support to M&E and Family Planning.

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<sup>1</sup> Note that Mundri East County and Mundri West County were counted together as one county in the bridge period. However in the period starting from December forward, the counties are considered separately.

## II. KEY ACHIEVEMENTS

### A. Service Delivery and Community Mobilization:

#### 1. Child Health

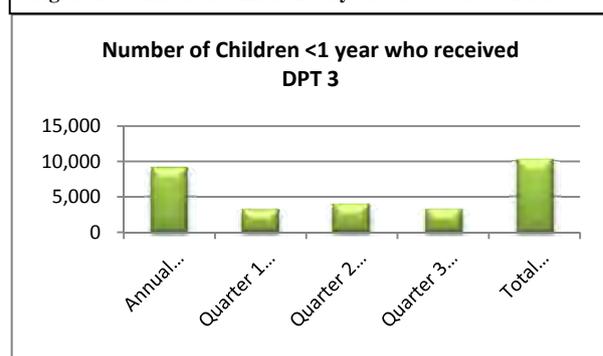
##### *EPI, ARI, and Diarrhea Management:*

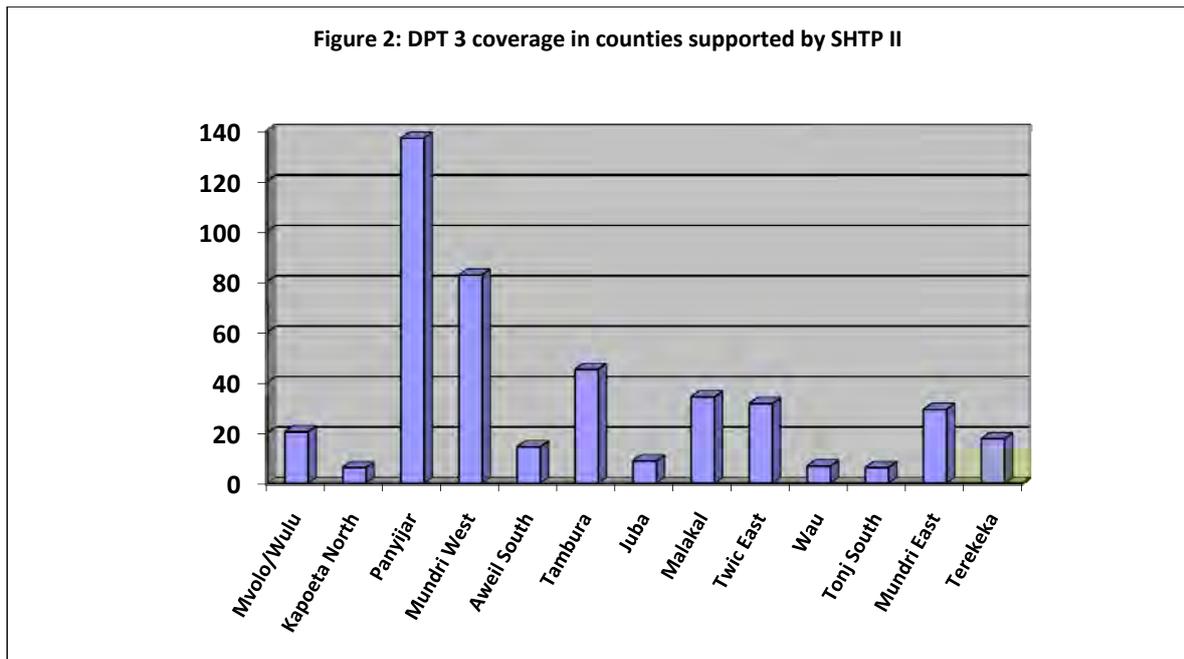
Under the child health component, SHTP II supports (1) routine immunization for children under age one through the static and mobile outreach vaccination posts; (2) building the capacity of health facility personnel in correct vaccination, diagnosis and treatment of common childhood illnesses such as Diarrhea and Acute Respiratory Infection (ARI); and (3) management of ARI and diarrhea in facilities and through community case management. For the period under review, 3,228 children less than one year old residing in project areas, were given DPT3 vaccinations. This is slightly less than the number of children who were vaccinated in the second quarter; the slight reduction was attributed to heavy rains which affected outreach activities in most counties as many communities were inaccessible. It should be noted, however, that despite the slight reduction in achievements for the current quarter (as shown in Figure 1), the cumulative achievement to date for the current fiscal year exceeds the annual target for this indicator. For the fiscal year 2010, the project is expected to provide 9,020 children less than one year old with DPT3, but to date in excess of 10,000 children within this age group were provided with DPT3 with support from SHTP II.

Using data provided by the Census Bureau of Sudan, it was estimated that for 2010 a total of 50,316 children would have been residing in the areas supported by SHTP II and thus would have been eligible for DPT3 vaccination. As shown in Table III, approximately six percent of eligible children received DPT3 during the current quarter, while six percent and eight percent were vaccinated with DPT3 in the first and second quarters respectively, giving an overall

coverage with DPT3 to date of twenty percent. This is slightly less than the current-year target (21%), which should be exceeded with continued service delivery in the fourth quarter. As shown in Figure 2 below, there are variations in the level of coverage to date with DPT3 in the different target counties ranging from 6.2% in Tonj South to 82.6% in Mundri West. The DPT3 coverage for most of the supported counties is higher than the prorated projected target for the fiscal year-to-date. It is believed that the exceedingly high coverage in Panyijar may be due to population movement and an immunization campaign in the county during the second quarter.

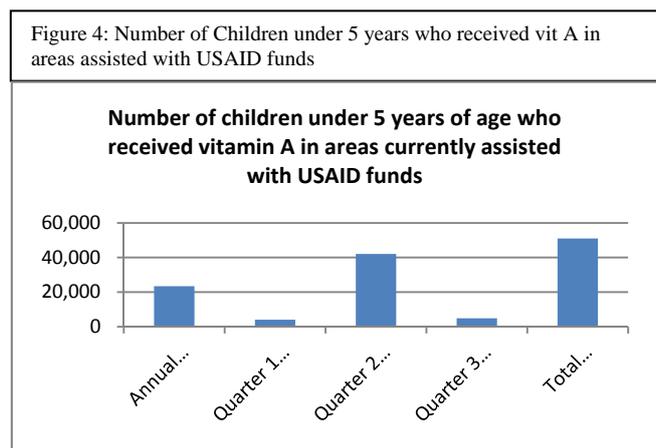
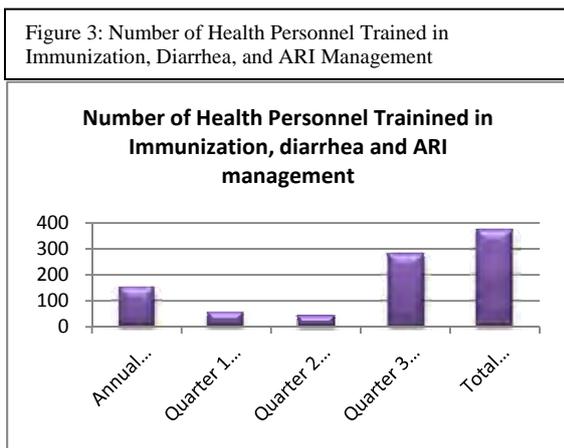
Figure 1: Number of Children <1 year who received DPT3





The success of the immunization program and the relatively high coverage achieved to date can be attributed to various community mobilization activities such as a puppetry show on immunization, outreach activities to drier areas, and the training of health facility staff on immunization.

To facilitate the implementation of child health interventions in the counties supported by SHTP II, 281 health personnel received training in immunization, diarrhea, and ARI management during the period under review (Figure 3). Increases in service delivery are expected in the next quarter, following this training. During the quarter, 10,500 and 18,250 persons were treated for diarrhea and ARI respectively in SHTP II-supported facilities.



## 2. Nutrition

SHTP II's major nutrition activities include twice-yearly Vitamin A supplementation, exclusive breastfeeding, and the promotion of infant and young child feeding. During this reporting quarter, 4,915 children under 5 years old received Vitamin A supplementation in areas supported by SHTP II. Some children received Vitamin A during a community based

de-worming exercise with Albendazole while the remainder were given Vitamin A at health facilities during vaccination sessions or treatment for other ailments. From the first quarter to date, SHTP II provided Vitamin A supplementation to more than 51,000 children. As shown in Figure 4 above, this is approximately double the target for the current fiscal year. This was achieved despite a number of challenges which included issues such as stock-outs of Vitamin A in some areas. However, this challenge has been overcome through obtaining substantial supplies of Retinol (36 packs of 200,000 i.u. and 19 packs of 100,000 i.u.).

**Highlights of nutrition-related intervention in selected counties:**

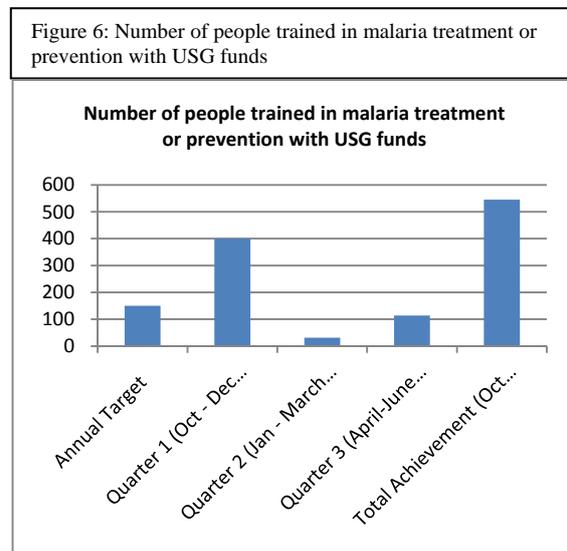
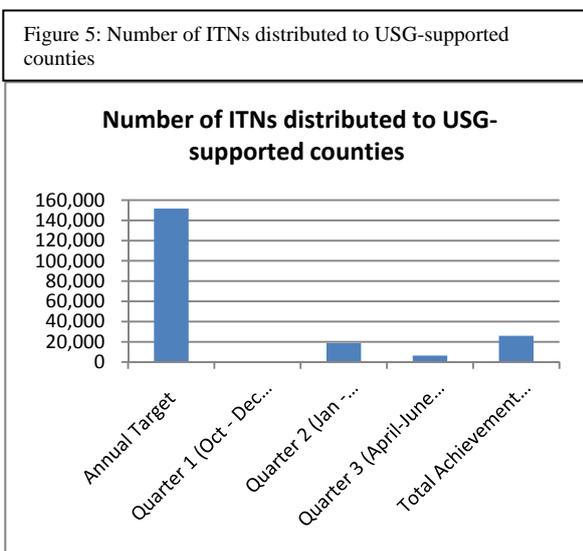
During this reporting quarter, health education sessions on exclusive breastfeeding and promotion of infant and young child feeding were conducted weekly in 13/17 (76%) of the health facilities in Mundri West County. In Mvolo and Wulu, CHWs, MCHWs, and the EPI outreach team provided health education to mothers during ANC, PNC, and EPI activities on the importance of Vitamin A supplementation, nutrition in children, and food hygiene, including exclusive breastfeeding for six months. In Malakal and other SHTP II focus counties, similar nutritional promotion activities have been a major intervention.

**3. Malaria**

Malaria is among the top three causes of morbidity and mortality in Southern Sudan, the other two main ones being ARI and diarrhea. In SHTP II-supported counties, 30% of all cases of malaria treated at health facilities are among children less than five years old. In accordance with the Southern Sudan Malaria Strategic Plan, SHTP II provided the following interventions for the prevention and treatment of malaria during the quarter:

**1. Prevention:**

- a. *Long Lasting Insecticide Treated Nets (LLITNs)*: During this quarter, SHTP II and its partners distributed 6,382 LLITNs to pregnant women and to children under five years old who were accessing routine ANC and EPI services at the outlets which provide these services.
- b. *Intermittent Presumptive Treatment (IPT)*: During the reporting quarter 3,765 pregnant women received their second dose of IPT at health facilities supported by SHTP II, giving an overall coverage for IPT 2 of 53.6% of all women who had at least one ANC visit during the quarter.



2. **Prompt Diagnosis and Treatment:** Eighty five percent of the 165 facilities supported by SHTP II provided services according to the BPHNS guidelines including malaria treatment guidelines. These guidelines stipulate that children less than five years old with suspected malaria should be treated with ACT without testing with the rapid diagnostic tests (RDTs) or Microscopy. A total of 33,300 cases of malaria were treated this quarter out of which over 12,000 (36%) cases were among children under five. In this quarter, SHTP II through Save the Children managed 1,471 cases of malaria in Mvolo and Wulu counties alone.
3. **Training for Health Workers on Malaria:** This quarter 114 people were trained in malaria treatment or prevention with USG funds in SHTP II counties. Overall more than 500 people are trained in this technical area.
4. **Training of Village Health Committees (VHCs) and Home Health Promoters (HHPs) or Community Drug Distributors (CDD) on Malaria Prevention or Treatment:**
5. **Drug Management System:** During this reporting quarter, ACT and most of the other essential drugs and supplies were available most of the time. Twenty-one (21) counties reported stock-out tracer medicine including ACT. However, to mitigate this, a stock-out form was created and distributed to SCPs for reporting anticipated stock-outs of essential medicines.

#### 4. Hygiene and Sanitation

Hygiene and sanitation messages are given to patients in the facilities and through ANC, CCM, and EPI activities. This quarter, 70 individuals have been trained in good health and hygiene practice and over 89.8 million liters of drinking water were disinfected in Juba, Wau, and Yei, bringing the overall total (from October 2009 to June 2010) to about 150 million liters of water disinfected. However, challenges remain regarding hygiene and sanitation practices. For example, in Kapoeta North it is reported that nearly 50% of the boreholes do not have functioning hand-pumps, and many people continue to drink from open water sources. The SC Baseline Health Assessment found that only 13% of the mothers interviewed had ash/omo/soap

Figure 7: Number of individuals trained in good health and hygiene practices

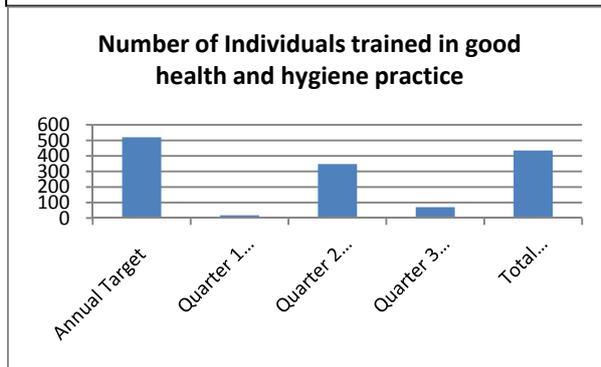
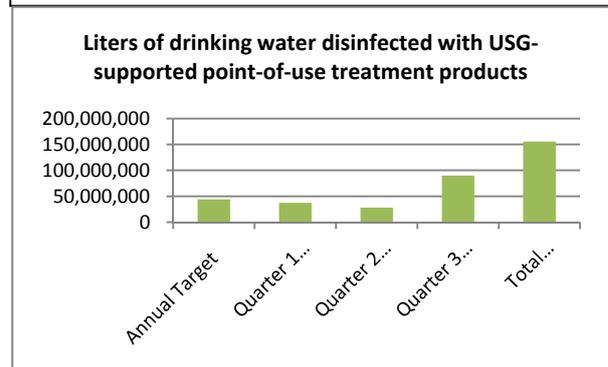


Figure 8: Number of liters of drinking water disinfected with USG-supported point-of-use treatment products



available in their homes, and only 7% of mothers reported using ash/omo/soap in the 24 hours preceding the survey. Work in the areas of access to safe drinking water and the mobilization of communities around safe hygiene practices are being implemented through SCPs.

## 5. Maternal Health

The key maternal health activities of the SHTP II project include: antenatal care, deliveries by trained or skilled birth attendants, IPT for Malaria, iron supplementation, and postpartum care.

### a. Antenatal Care:

Reports on antenatal care activities were received from all fourteen counties that are supported by SHTP II. A total of 7,020 pregnant women had at least one ANC visit at SHTP II-supported facilities during the quarter. The rate of uptake increased during the quarter; there were 1,668 first ANC visits during the month of April, 2,605 first ANC visits in the month of May, and 2,747 first ANC visits during the month of June. Based on the population data it was estimated that there were 11,007 live births during the quarter under review, giving an overall coverage rate for first ANC visit of 63.8%. The proportion of women who had at least one ANC visit increased from the start of the fiscal year to date. The coverage during the first quarter was 27.9%, while for the second quarter it was 57.0%, and during the third quarter it increased to 63.8%. Wide variation in the percentage of pregnant women who had at least one ANC visit was noted across the different counties.

Figure 9: County Variations in % of women completing 4<sup>th</sup> ANC visit

County	% of women completing 4th ANC
Mvolo/Wulu	25
Kapoeta North	4
Panyijar	26
Mundri West	42
Aweil South	63
Tambura	25
Juba	92
Malakal	29
Twic East	48
Wau	16
Tonj South	27
Mundri East	34
Terekeka	56
<b>Average</b>	<b>35</b>

Similarly, during the quarter under review increasing numbers of women reported for at least four ANC visits during the three months: 713; 880; and 1,358 women presented for at least four ANC visits in April, May, and June respectively. The percentage of women attending ANC up to the fourth visit varies from 4% in Kapoeta North to 92% in Juba County (See Figure 9).

Various remedial measures have been applied in different counties. In Kapoeta North County, for example, Save the Children hired an RH Officer to oversee the implementation of maternal health activities. She has worked with the facility-based midwife to identify how to improve the facility to provide clean deliveries and has purchased items necessary for the delivery/ANC room. She has also focused on including ANC outreach activities with the EPI outreach teams. Currently SC is focusing on ways to improve outreach and community mobilization geared to improving knowledge and practices of the women in Kapoeta North around maternal health.

The total number of pregnant women who received TT2+ during this quarter was 4,520, and these included 858 in April, 1,748 in May, and 1,914 in June. TT2 confers immunity to pregnant women and their children for about one year, hence protecting mothers and their children from Tetanus infection after delivery.

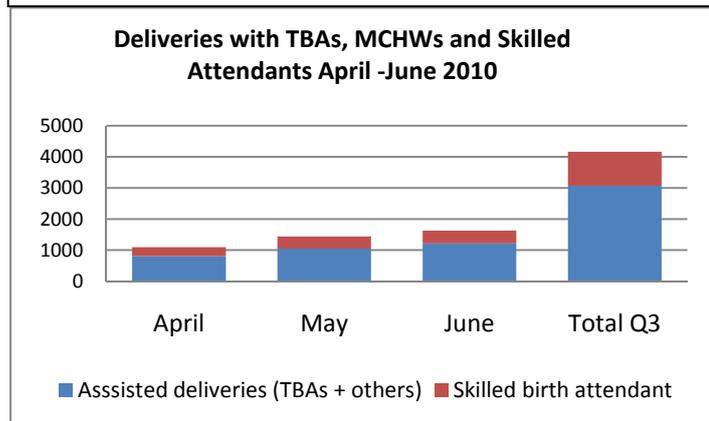
### b. Deliveries with Trained Attendants:

The total number of deliveries by trained TBAs/MCHWs and skilled birth attendants (SBAs) reported during the quarter were 3,070 and 1,092, respectively, in all SHTP II counties.

Overall, 9.9% of all births during the quarter were assisted by a skilled attendant in the counties supported by SHTP II. It

should be noted, however, that the proportion of women who were assisted by a skilled attendant increased steadily during the current fiscal year from 2.0% in the first quarter to 8.9% in the second quarter and to 9.9% during the current quarter.

Figure 10: Number of deliveries with TBAs, MCHWs, and SBAs



**Highlights from selected counties:**

In Wau alone, thirty-eight (38) deliveries were assisted by SBAs, 75 deliveries were conducted by traditional birth attendants (TBAs), while 9 deliveries were unassisted. All 38 deliveries assisted by SBAs were reported from Bazia Jedid PHCC, the only SHTP II-supported health facility currently able to provide delivery services in Wau. By contrast, 95 assisted deliveries were reported from the Wau Teaching Hospital during the month of May. This means that after attending Antenatal Care Services in Health Centers, most women go and deliver in the hospital thus forming synergy between PHC and hospitals. The same pattern is also observed throughout major urban centers.

Generally the target for delivery with skilled delivery is progressing slowly, while that of trained TBAs and MCHWs is on track and leading towards achievement. This is mainly due to a shortage of Skilled Birth Attendants not only in SHTP II areas, but all over southern Sudan. See graphs below.

Figure 11: Number of deliveries with SBAs

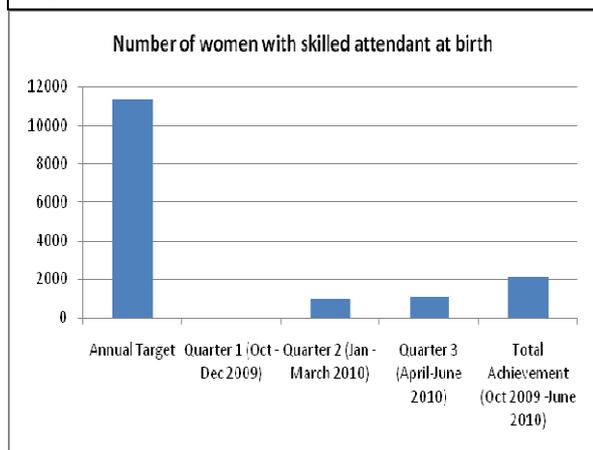
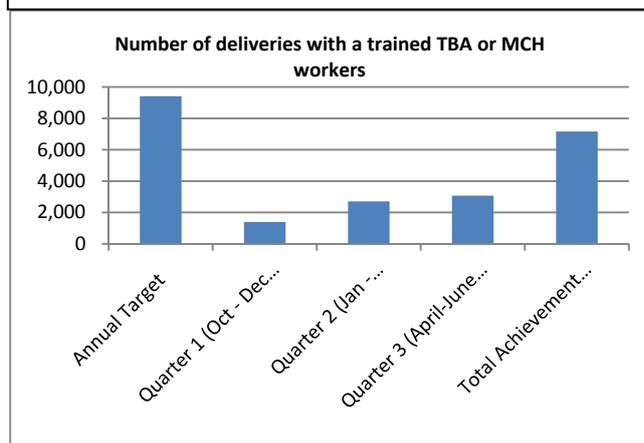


Figure 12: Number of deliveries with TBA or MCHW



**c. Intermittent Presumptive Treatment:**

A total of 3,765 pregnant women (53.6% of those who had one ANC visit) received the 2<sup>nd</sup> dose of intermittent presumptive treatment (IPT2) of malaria during this quarter: 954 doses in April, 1,180 doses in May, and 1,631 doses in June. IPT is regularly provided at ANC clinics in SHTP II counties. The large difference between the numbers of IPT2 doses delivered in May and in June was largely due to better documentation in June in some counties after.

#### d. Iron Supplementation:

A total of 11,585 pregnant women received iron/folic acid supplementation: 2,027 in April, 4,582 in May, and 4,976 in June. SHTP II has established that iron folate tablets are routinely given at ANC clinics to prevent maternal anemia and maternal anemia's consequences during antenatal, natal and postnatal periods.

Postpartum care was provided to 766 women and their babies at home and health facilities. The number is small compared to the total number of deliveries because traditionally, in most parts of southern Sudan, a woman who has delivered a child cannot leave the house for a certain period of time—up to 40 days. In these cases, postpartum visits by TBAs, MCHWs, and midwives are absolutely important. This is being promoted in SHTP II focus counties.

### 6. Family Planning (FP)

Family planning activities in southern Sudan vary from one place to another depending on many factors. In SHTP II focus counties, SCPs reports ranges from “awareness creation only” to “actual uptake” of family planning methods. We have seen the strongest uptake in urban counties. In several areas SHTP II has implemented significant awareness raising and training with various cadres of health workers to help push service availability to the communities. One significant ongoing challenge is the availability of contraceptive commodities, as the MOH's stores may no longer be viable due to poor storage conditions. They are being tested, and SHTP II continues to follow up with the Directorate of Pharmaceuticals in the MOH, GoSS.

#### *Highlights from selected counties:*

**Malakal:** The family planning services are being provided to all the SHTP II-supported health facilities. Community awareness and sensitization on the importance of family planning is being carried out by the TBAs and midwives in the health facilities and the VHCs in the community. During the reporting period 49 clients received family planning services compared to 25 clients in the last quarter. Depo-Provera and combined oral contraceptives were given. Family planning counseling will be intensified in all facilities in the following months. Currently IMC/SHTPII has received reproductive health kits from UNFPA and these are now in use in USG-supported health facilities. In the last quarter training on family planning was conducted for 10 health facility staff across the 7 facilities supported by SHTP II. This will increase the uptake of family planning services next month.

**Juba:** Nineteen HHPs were trained in May in conducting community awareness on the importance of child spacing and also educating the community on the different family planning methods available in the health facilities. During this quarter 12 community midwives/ village midwives from the SHTP II-supported health facilities had three days training on family planning, including the different methods of family planning and how to counseling clients who come to the health facilities for these services. A total of 224 people had counseling visits for family planning in four health centers (Nyakuron PHCC, Kator PHCC, Lologo PHCC, and Munuki PHCC) supported by the SHTP II project. Family planning contraceptives (orals and injections) are not yet available in the facilities but have been ordered.

**Terekeka:** Mothers and partners were counseled on the importance of child spacing, delayed pregnancy after abortion or miscarriage, and at least two years spacing after a live birth to reduce the vulnerability of the child and mother to ill health and death. A total of 217 people (97 men and 120 women) received counseling. The family planning methods currently used by the community are lactational amenorrhea and abstinence. However, there is still resistance to accepting modern family planning methods, as communities are not well informed about alternative methods. Through continued awareness, the community members will begin to understand the importance of adopting modern methods, especially for the health of the mother, baby, and the entire family as well.

**Mundri West:** Counseling visits for FP/RH took off this quarter, with 1,147 (538%) women attending counseling visits, compared to a quarterly target of 213.

### 7. Prevention of HIV/AIDS:

SHTP II components of HIV/AIDS interventions consist of prevention of HIV/AIDS through the prevention of mother to child transmission (PMTCT) and behavior change, including delaying a person’s sexual debut and reducing multiple risk behaviors.

PMTCT: consists of the following components:

- Primary prevention of HIV infection
- Prevention of unintended pregnancies among women infected with HIV
- Prevention of HIV transmission from women infected with HIV to their infants
- Provision of treatment, care, and support to women infected with HIV, their infants, and their families

PMTCT targets for FY10 are 16 outlets; 64 health workers trained in the provision of PMTCT according to national standards; 2,642 pregnant women who received HIV counseling and testing for PMTCT and received results; and 79 infected pregnant women who received antiretroviral prophylaxis in a PMTCT setting.

Thus far 34 people have been trained for 11 PMTCT outlets in five counties (Juba, Mundri East, Mundri West, Mvolo, and Malakal). Testing Kits have been requested through USAID for three of the outlets and the placement of requests for the remaining 8 outlets have been discussed and agreed upon with USAID HIV/AIDS Specialist in a recent meeting. Currently the functioning sites in Juba, Mundri West, and Malakal Counties reported 437 pregnant

Figure 13: Number of individuals reached through community outreach that promoted HIV/AIDS prevention through abstinence and/or being faithful

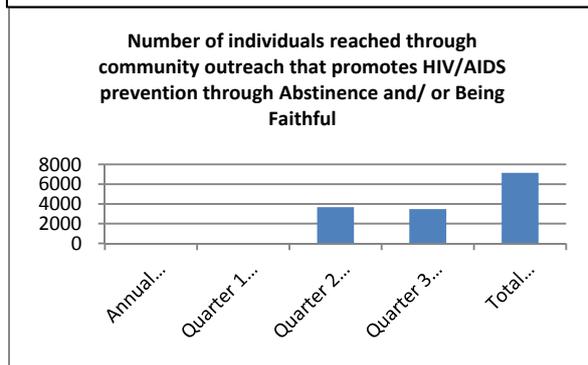
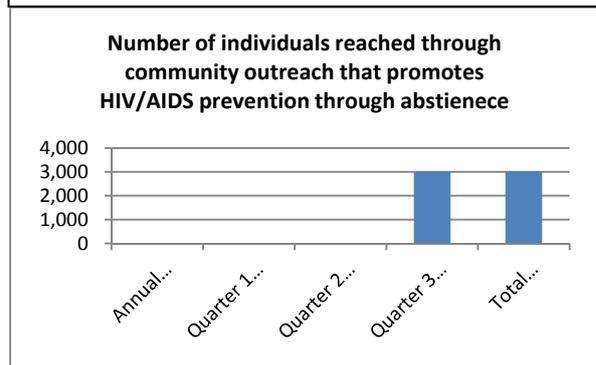


Figure 14: Number of individuals reached through community outreach that promoted HIV/AIDS prevention through abstinence



women counseled and tested with 9 positive cases who either received Nevirapine or were referred to ART centers respectively. Details are found in county specific highlights.

Behavior change: The number of people reached with A&B and A messages is growing as indicated in the achievement matrix and Figures 13 and 14 above. MSH is working hard to reach more of our target groups for A&B and A messages and thereby improve overall achievements.

### ***Highlights from selected counties:***

**Malakal:** A provider initiated testing and counseling (PITC) for Pregnant women with a referral of positive cases to Malakal Hospital for enrollment in PMTCT program. In total about 491 women were counseled, tested, and shown their results. And the number of people reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful or abstinence alone is 3,479 and 3,023 respectively as indicated in the graphs above. In addition some illustrative details from some project sites are provided below for clarity.

**Mundri West:** This quarter, 1,800 (1071%) clients were reached through community outreach that promotes HIV/AIDS through abstinence, far above the quarterly target of 168. There is an ongoing training for 8 health workers about VCT services according to the national standards. This training will be followed by PMTCT training. In the project area, there is one service outlet—Mundri PHCC—providing the minimum package of PMTCT. During this reporting quarter, 100 (111%) pregnant women received HIV counseling and testing for PMTCT and received their results, out of the planned 90 target for the quarter.

**Juba:** In this reporting period, 11 health personnel and 4 VCT were trained on PMTCT. Following this training, PMTCT services were integrated with already existing MCH services and VCT centers available in the facility. A total of 344 people were reached through community outreach (296 women and 48 men). Two hundred and twenty-seven pregnant women received HIV counseling and testing for PMTCT and received their results. Twelve pregnant women tested positive. Eight of the positive pregnant women reported from Nyakuron PHCC were each given a single dose of Nevirapine. The remaining four positive pregnant women were reported during PMTCT outreach activities and were referred to Juba teaching hospital for antiretroviral prophylaxis.

**Wau:** HIV/AIDS activities are carried out at three locations in Wau County: Wau Teaching Hospital (VCT and treatment [ARV] services); School of Midwifery ANC clinic (PMTCT), and Sikka Hadid PHCC (PMTCT). Sikka Hadid PHCC is the only SHTP II-supported health facility with PMTCT services. SHTP II will undertake trainings and campaigns relevant to HIV/AIDS in quarter four.

**Panyijar:** A total of 20 health education sessions on HIV/AIDS were held at the health facilities, reaching 217 people. Next quarter, SHTP II plans to conduct health education and other sensitization sessions at the community level, to augment the sessions conducted at the health facilities. Due to delays in finalizing GoSS/MOH guidelines on PMTCT, as well as difficulties in recruiting qualified personnel to staff the program, these counseling and testing activities did not take place as planned during the current quarter (three). However, the Maternal Child Health Workers who will support that component of the project are now on

staff, and PMTCT along with the rollout of facility-based HIV/AIDS services will commence by the end of quarter three.

**Malakal:** Malakia PHCC provides VCT for volunteers and provider-initiated VCT for pregnant mothers. The three VCT counselors were recently trained in Juba for 3 weeks, which reduced VCT activities in this quarter but will contribute to a rapid scale-up of activities in the next quarter (four). More than one hundred (110) women received provider-initiated VCT and the one woman who tested positive was referred to Malakal Hospital for PMTCT. During this reporting period there were a total of 1,894 community members and school students targeted by IMC for awareness and sensitization on HIV/AIDS prevention.

## **8. Availability and Management of Supplies at Health Facilities**

Overall, SHTP II made some gains in the availability and management of supplies at health facilities this quarter, particularly through the use of better stock-management tools. Vaccines have been a particular focus, with several SCPs shifting to weekly deliveries.

### ***Highlights from selected counties:***

**Malakal:** SHTP II works with the SMOH to ensure that all SHTP II-supported health facilities receive vaccines on a weekly basis. LLITN are now in short supply in Malakal, but SHTP II is working to fill this gap.

**Terekeka:** There has been a very good coordination and communication system among MOH-GOSS, MSH, ADRA, SMOH and the CHD. Most of the supplies such as drugs and registers are available. The nets were procured but not yet delivered at the project site because of the staff strike. Nets will be delivered once the issue is settled. Other missing supplies include furniture; testing kits for VCT/PMTCT; and equipment and vehicle so as to improve provision services. Most of these items should be available by the middle of the next quarter (four).

**Juba:** During this reporting period, the SHTP II facilities had regular supplies of vaccines. There was no stock-out of essential drugs in the facilities. During the reporting quarter, family planning contraceptives, PMTCT testing kits, and Vitamin A were still not available. MSH-SHTP II took steps to resolve this by liaising with the Directorate of Pharmaceutical and UNFPA for contraceptives; with USAID HIV/AIDS Specialist for testing kits; and with UNICEF for Vitamin A. At the time of this report writing MSH managed to secure Vitamin A supplies, as illustrated in the Nutrition subheading.

**Panyijar:** During the reporting period, drugs and medical supplies received from MSH through the county health department were distributed to all facilities. The SMOH EPI department regularly supplied EPI antigens. The Malaria Consortium and SMOH were consulted in order to make more treated bednets available, but they are out of stock. The IRC will be carrying out trainings in order to improve commodities management in the county, as well as at the facility level, and to avoid stock-outs in the coming quarter.

**Tambura:** LLITNs, most EPI vaccines (except BCG), and drug supplies are available with the exception the supply of Vitamin A, which was reported to be a general problem in the Western Equatoria State.

**Wau:** SHTP II was able to secure 1,800 LLITNs from AAA/ GFATM Rd II, and have reached an understanding for another consignment of the same. SHTP II helped transport drugs and other supplies to all SHTP II-supported health facilities, and strengthened the capacity of the CHD to manage supplies more effectively. Wau County did not experience any stock-outs of drugs or EPI supplies during the second quarter.

## **B. Increased demand for primary health care services and practices**

As it was in the previous quarter, most registered service outlets, e.g., Antenatal Care, EPI, Out-patient and children under-five clinics, continued to receive many clients in most areas, as they have since program implementation began. This health-seeking behavior can largely be attributed to health education taking place in the community—women have seen health improvements in their friends who have attended ANC sessions. In addition, the provision of incentives for attendance (i.e., receiving a LLITN and a clean delivery kit) has contributed to the positive behavior.

## **C. Health System Management and Governance:**

### **Health system management:**

This quarter about 80% of facilities in SHTP II Counties provided at least five out of seven high-impact services using the MOH-approved standards according to the basic package for health and nutrition services (BPHNS).

### ***Highlights from selected counties:***

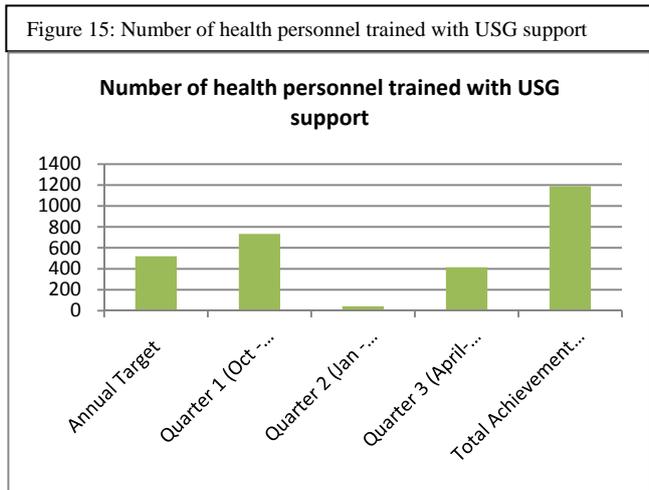
**Aweil South County:** The SHTP II program carried out one joint visit with the CHD. More are planned for the upcoming quarter. These visits focus on reviewing the registers and ensuring that quality care is given to patients, checking on the status of the health facility, identifying training gaps, mentoring clinical staff, and communicating government policies. The CHD is regularly updated on activities in the six facilities through regular meetings at their offices. In addition, the program receives supplies for the facilities through the CHD and managed to maintain a good drug supply chain during the period under review. SHTP II will continue to focus on assisting the CHD to develop their health plans and budgets, improve ways of using health data, and undertake other activities in the coming quarters.

**Malakal County:** SHTP II continued to work with CHD, encouraged them to conduct supervisory visits to health facilities, and ensured that monthly meetings are realized between it and the CHD. Though no formal joint supervisory activities took place in the reporting period because of the difficulty to plan due to insecurity, the CHD was involved in the supervisory visit conducted by MSH/USAID in April and in other ad hoc visits to the health facilities. Towards the end of this reporting period, new SHTPII staffs under went three (3) days training of trainers' (ToT) on SHTPII/MoH M&E systems conducted by IMC M&E officer from Juba purposely to equip the new staffs with data management and supervisory skills. There were also different joint support and monitoring visits by SHTPII director and M&E officer together with SHTPII field staffs to health facilities and some of the recommendations from the trips are already under implementation.

**Health sector governance:** 105 out of 165 health facilities have established VHCs and SHTP II's SCPs are working hand in hand with CHDs in planning, monitoring, and supervising as indicated in the above section. At Central level, SHTP II liaises with relevant directorates such as the Directorate of Planning, Policy and Monitoring and Evaluation for production and dissemination of M&E tools and with the Directorate of Pharmaceutical Supplies for Essential Drugs. Nevertheless, the main contact for SHTP II in MOH-GoSS is the Directorate of Primary Health Care. The Director General of PHC and his staff have been helpful in providing support by participating in SHTP II events, and clarifying issues raised by the community, especially on salaries, supplies, and infrastructure. The Director General also chairs the Core Team Meetings. This quarter one Core Team meeting was organized followed by SHTP II partners meeting June 22–23. The meeting was well attended by USAID Health Staff, MOH-GOSS, and MSH-SHTP II technical staff and senior management staff, in addition to the SCPs and their county and state government counterparts.

**Health policy dissemination/rollout:** All SHTP II focus counties have functioning County Health Departments stocked with following key health policies, strategies, and protocols: Health policy (2007–2011), M&E Framework & Operational plan, Integrated Disease Surveillance and Response Assessment Report, Essential Medicine List, Malaria Control Strategic Plan, Prevention & Treatment Guidelines for PHCUs, Prevention & Treatment Guidelines for PHCCs & Hospitals, Family Planning Policy, Family Planning Technical Guidelines, and the EPI Reach Every County Strategy. Nevertheless, most counties are still lacking in terms of county health management systems; thus most of the facilities were operating with very minimal support and hardly any supervision from their County Health Department.

**Human resource capacity:** Though some subcontracting partners cited a shortage of staffing as compared to the standard set in the BPHNS, nonetheless 395 health personnel received training in different technical program areas this quarter with USG support compared with only 39 last quarter. Out of that number, 281 health workers were trained in immunization, diarrhea and ARI management, and 114 trained in malaria treatment and prevention.



Still more trainings are organized for next quarter, though SHTP II exceeded its target by more than 100%.

**Gender:** Gender considerations in SHTP II project areas are taken into account. Women hold key positions in health facilities and County Health Departments. In Wau for instance, two of the 6 CHD officials (33%) are female, which is more than the target of 25% set by the Government of Southern Sudan. The two females hold the key positions of Public Health Officer and Reproductive Health Officer, respectively. In Juba, Lologo PHCC, the Chairperson of the Village Health Committee is a female and more than 80% of health personnel in the facility are women including the In-charge of Lologo PHCC, the Pharmacist and the Laboratory Assistant. In Malakal the County Medical Officer is a woman. SHTP II will ensure women are represented in the VHCs and will encourage either gender to play their roles more effectively.

**Cross Cutting Issues:** During the 22 years of war, people of Southern Sudan depended a lot on relief support from the NGOs and UN agencies. Immediately after the signing of the Comprehensive Peace Agreement (CPA), people of Southern Sudan started to experience a shift of paradigm from the state of dependency to self-reliance. During the period of war people were willing to volunteer in community activities such as health promotion and community mobilization. But now that relief funds have dried up and the cost of living has increased, many fewer people are willing to volunteer or work at government salary rates. This change of paradigm calls for a comprehensive provision of a health package with well-established health resources and full financial support, rather than expecting voluntary community support. This quarter, one county in Central Equatoria State supported under SHTP II (Terekeka) experienced a severe delay of salaries, and health workers went on strike, which affected the delivery of services as mentioned in previous sections.

**Decentralization:** Community participation is a key strategy in all SHTP II interventions. As the government rebuilds the national health care system, it is hoped that over time communities will be able to play an active role in the development of new policies. SHTP II supports this ‘bottom-up’ approach by building the capacity of VHCs to take ownership of health services in their communities. Over the course of SHTP-II, VHCs are expected to become more actively involved in the oversight of the health delivery system and will provide effective feedback on client satisfaction and needs. By ensuring this community commitment to supporting the county health care system, the population has more input in design and decision-making within the health care system at the local level.

## **Others**

**Environmental Compliance:** Most health facilities are using safety boxes for the disposal of medical waste and sharps. There are also incinerators for burning the medical materials. Where there are no incinerators medical wastes are burned and buried in dug holes. Management of incinerators is not up to standard in most areas. The SHTP II WASH Advisor is working with SCPs to improve medical waste management at different sites.

## **D. Lessons Learned**

The following lessons learned are the ones worked out by the different working groups during the Subcontracting Partners’ meeting, and will be used to improve implementation:

1. Good coordination between SCPs, SMOH, CHDs contributes to improved project outcomes.
2. Full involvement of CHD and SMOH during project design and implementation is critical for the success of the project and achieving the deliverables.
3. Formation of VHCs increased community mobilization and community participation in implementing the project activities.
4. Project assumptions pertaining to supplies, infrastructure and staff salaries were unrealistic.
5. Joint supervisory visits from MSH, USAID, SCPs, SMOH, and CHDs lead to better implementation of the project.

### III. PROGRAM PROGRESS (Quantitative Impact)

Table 1 PROGRESS ON INDICATOR TARGETS (Quantitative Impact)

Progress on Indicator Targets	Target FY 10	Q1 achievement (Oct–Dec 2009)	Q2 achievement (Jan–March 10)	Q3 achievement (April–June 10)	Year-to-date achievement	% of annual target reached
<b>CHILD- HEALTH</b>						
Number of Children <1 year who received DPT3	9,020	3,087	3,898	3,228	10,213	113%
Percentage of children less than <1 received DPT3 <sup>23</sup>	21%	6.4%	7.7%	6.1%	20%	95%
Number of Health Personnel Trained in Immunization, diarrhea and ARI management	150	53	41	281	375	250%
<b>NUTRITION</b>						
Number of children under 5 years of age who received Vitamin A in areas currently assisted with USAID funds	23,400	4,047	42,065	4,915	51,027	218%
<b>MALARIA</b>						
Number of ITNs distributed to USG-supported counties	151,698	841	18,677	6,382	25,900	17%
Number of people trained in malaria treatment or prevention with USG funds	150	400	31	114	545	363%
<b>MATERNAL HEALTH</b>						
Number of deliveries with a trained TBA or MCH workers in USG assisted programs.	9,408	1,389	2,705	3,070	7,164	76%

<sup>2</sup> Quarterly achievements computed as Number of children receiving DPT3/Anticipated number of children <1 in SHTP II counties.

<sup>3</sup> SHTP II has based the % of children on updated population estimates given the growth rate, while the numerical target is based on the 2008 census.

Progress on Indicator Targets	Target FY 10	Q1 achievement (Oct–Dec 2009)	Q2 achievement (Jan–March 10)	Q3 achievement (April–June 10)	Year-to-date achievement	% of annual target reached
Percentage of assisted deliveries by trained health service providers or TBA in USG-supported counties <sup>4</sup>	22%	3%	6%	7%	16%	72%
Number of women with skilled attendant at birth	11,290	NA	978	1,092	2,070	18%
% of women with skilled attendant at birth	20%		2.2	2.5	4.7%	23%
Number of health personnel trained with USG support	520	733	41	415	1,189	228%
<b>FAMILY PLANNING</b>						
Number of counseling visits for FP/RH	21,372	0	1,137	961	2,098	9%
Number of health personnel trained in FP with USG support	0	0	0	19	19	
<b>HYGIENE AND SANITATION</b>						
Liters of drinking water disinfected with USG-supported point-of-use treatment products	44,140,800	37,454,820	28,258,800	89,820,400	155,534,020	352%
Number of Individuals trained in good health and hygiene practice	520	18	347	70	435	83%
<b>HIV/AIDS</b>						
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/ or being faithful	150,000 as per PMP	NA	3,671	3,479	7,150	4.7%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	NA	NA	NA	3,023	3,023	

<sup>4</sup> Quarterly achievements computed as number of assisted deliveries / Anticipated number of births in SHTP II counties.

Progress on Indicator Targets	Target FY 10	Q1 achievement (Oct–Dec 2009)	Q2 achievement (Jan–March 10)	Q3 achievement (April–June 10)	Year-to-date achievement	% of annual target reached
Number of health personnel trained in HIV/AIDS with USG support	64	NA	NA	34	34	
<b>HEALTH SYSTEMS STRENGTHENING</b>						
Number of SDP providing the BPHS with USG support	165	149	123	152	141	85%
% of all health facilities that provide at least 5 of the 7 high impact services using the MoH approved standards	94%	90	75	72	79	84%
Number of USG-assisted service points experiencing stock-outs of specific tracer drugs	35	0	0	21	21	60%

**Note: The entire annual population was used as denominator for calculation of percentages as follows:**

Total population	< 12 month old children	< 5 years old children	Pregnant women (estimated live birth)
1,257,912	50,316	125,791	44,027

## IV. MONITORING

In the quarter under review (April through June, 2010) the following activities were performed:

1. ***Routine receipt and review of data from the subcontracting partners (SCPs) at the thirteen project sites:*** Data was submitted electronically by the SCPs and since the package to import it into SHTP II computer packages is still under development, it was 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.
2. ***M&E data collection and reporting tools:*** The data collection tools produced by MSH-SHTP II were distributed to the different project sites through the SCPs and more copies have been ordered for distribution in areas lacking tools. In addition to that, the MSH M&E team finalized the spreadsheet to be used by all of the SCPs for providing monthly data on their project activities.

## V. NEXT QUARTER'S WORK PLAN

Main activities planned for the next quarter include the following:

- Continue to manage the subcontracts;
- Reprint M&E tools and distribute to health facilities having shortage;
- Continue joint supervisory visits to remaining counties and develop a schedule for another round of supervisory visits;
- Conduct data quality assessment visits to areas where reviews have not been held recently;
- Conduct Family Planning Workshop and ToT training for subcontracting partners and CHD staff. This was deferred from the previous quarter due to other pressing activities such as the SCPs meetings in June;
- Conduct Micro grants Workshops in the remaining counties and award micro grants to the identified community-based organizations (CBOs);
- Liaise with Pharmaceutical Department, PSI and UNICEF for Commodities and supplies;
- Plan Capacity-Building Training and activities for County Health Departments;
- Develop a concise technical road map to build the capacity of the subcontracting partners in the 14 counties to implement the high-impact interventions on a county-by-county basis;
- Travel to Juba by a team of technical experts to work and assist the project team in developing the specific plans for the strategy and its implementation in August. This team will consist of technical strategists experienced in Fully Functional Service Delivery Points to oversee an enhanced strategy development and provide inputs into maternal health, malaria, family planning, and HIV/AIDS. Their scope will be to

build a strategic approach to the technical guidance and leadership the project gives to subcontracting partners; to finalize the micro-grants component of the project; and to build a work plan for activities in technical leadership. This team will be complemented by MSH M&E Principal Advisor who will ensure M&E support to all sectors. This team comprises in-country and technical experts who will interact with USAID mission staff and the GOSS as they develop the approach and the document. In this way USAID's and the Ministry's views will be part and parcel of the plan that is aligned with national strategy.

## VI. FINANCIAL INFORMATION

[Redacted]

## VII. PROJECT ADMINISTRATION

### Constraints and Critical Issues

S/ No.	Challenges	Suggested Solutions
1	Human resource (small salary; lack of qualified personnel; high turnover & inadequacy)	Review remuneration with SCPs & SMOH., Review issues of accommodation (with local authorities, SMOH and community leaders). Motivate staff through timely payment of salary, capacity-building (long-term training). Advocate for unified payroll by MOH GOSS. Increase supportive supervision.
2	Inadequate supply of drug and delay in arrival	GoSS, SCPs, SMOH, CHD, VHCs should monitor and supervise drug management and usage. MOH/GOSS should revise the drug kit. SMOH should allocate budget for transportation and storage.
3	Delayed SHTP-II procurements	MSH to hasten procurements; continuous follow-up between SCPs and MSH procurement team; provide back-up supplies; allow SCPs to do own procurements in SHTP-III.
4	Poor physical structure (Health Facility)	Identify alternative sources of funding for WASH and infrastructure; government intervention; MSH to review budget provision to SCPs
5	Logistical problem (especially insecurity)	Advocate at all levels. Identify alternative supply routes. Ensure that SCPs are well known and respected in their communities.
6	Logistical problems (poor roads and weather)	Improvement of roads (GOSS); provision of project vehicle by MSH.
7	Lack of proper support from MSH to CHD	Provide the approved support to the CHD.
8	Delayed release of funds negatively impacts the implementation of the project	Continuous follow-up between SCPs and MSH to ensure swift submission and approval of invoices.
9	Difficulty in getting reports	Improve the supply of data collection tools, the training of staff, and supervision
10	Inadequate awareness & weak local community participation	Accelerate community mobilization on health issues & strengthening of community structures (VHC, VDC, Chiefs, etc.)

*Source: SHTP II Partners meeting report June 2010*

### Personnel

Issues related to human resource management are as follows:

As usual the hiring of Sudanese with appropriate skills has been very challenging. The 22 years of protracted war has devastated the populace and the few skilled Sudanese in the country are currently employed by INGOs, UN, or GOSS, and many Southern Sudanese still remain outside of Sudan or are working in the North. Nevertheless, efforts are exerted to get more on board. This quarter (2) PHC Advisors, (1) Program Assistant, and (1) Finance and Grants Manager were hired. More staff have been identified and are awaiting the finalization of employment contracts: (2) M&E Officers, (1) Logistics Coordinator, and (1) M&E Long-Term Technical Assistant (LTTA).

### **Changes in the Project**

During this reporting period no major programmatic change was deemed necessary except the new Monitoring and Evaluation Plan.

### **Contract Modifications and Amendments**

During this quarter the only modification was to increase the financial obligation, so that implementation could continue.

## **VIII. INFORMATION FOR ANNUAL REPORTS**

Not applicable

### **A. GPS Information**

This needs to be planned in collaboration with UNOCHA.

### **B. List of Deliverables**

Some product is cited below and attached in annexes section.

1. Joint Supervisory reports: Malakal, Aweil South, and Juba County
2. Micro-grants Workshop reports: Mundri and Mvolo
3. Micro-grants Manual
4. SHTP II SCPs meeting report
5. Salary Assessment Report

### **C. Summary of non-USG Funding**

Not applicable

## IX. Annexes & Attachments

### Success Stories

#### Expansion of EPI Services in Terekeka County



Two young mothers (Rhoda on the left and Martha on the right) from Nyikabor village in Terekeka County expressed happiness after their children aged 7 months and 6 months received vaccinations for the first time since their birth. When asked why they delayed taking their children for immunization, they attributed it to the lack of information on the importance of immunizations for the well-being of their children. They pledged to emulate the example of their fellow women by bringing their children for immunization

services until they are fully immunized. The two mothers also said they will tell other women in the village the importance of immunization. The MCHW also explained to them the importance of TT immunization for protection against Tetanus, and they said they will come for it when due and always bring their children for their vaccinations any time those are available in Nyikabor. ADRA provides immunization services to this area through outreach supported by USG funds. Terekeka is one of the less-served areas in Southern Sudan.

## **Annex I: Schedule of Future Events**

In the coming quarter, SHTP II will hold the following key events:

- SCP Partners Meeting (Dates TBD)
- Data Verification or Data Quality Assessments with SCPs
- Workshop on Family Planning