Sudan Health Transformation Project II Quarterly Task Order October 1 – December 31, 2010

December 31, 2010

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FY 2011 Q1 PROGRESS REPORT
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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	Bacilus 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
CSO	Civil Society Organization
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	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

Background

The second phase of the USAID-funded, three-year Sudan Health Transformation Project (SHTP II) is implemented in 14 counties across all 10 states of Southern Sudan. The overarching goal of the project is to, "*build on the decentralization of primary health care services to improve the health status of the Southern Sudanese people*." To achieve this goal, SHTP II supports service provision in seven high-impact areas: child health, nutrition, malaria, maternal health, family planning, water, hygiene and sanitation, and HIV/AIDS within the primary health care system. We achieve our results through 10 Subcontracting partners (SCPs) working in 14 counties through performance-based contracts (PBCs) that link performance to payments. Working with these SCPs and the focus County Health Departments, we address the three main project results: increase access to health services, build capacity of the Sudanese government to manage the services, and increase demand.

Qualitative Impact

Significant advancements in the SHTP II were made in this first quarter of FY '11. The impact of the technical assistance surge begun in the fourth quarter of FY '10 continued into the first quarter of FY '11.

Significant progress has been made in the technical areas that were problematic at the mid-point of FY'10. In the areas of family planning (FP) counseling, malaria programming (IPT 2 and LLITN Distribution), and HIV/AIDs BCC technical activities have improved considerably. In fact, the number of FP counseling visits and the number of individuals who participated in communitywide HIV/AIDS events in the first quarter of this FY almost equaled the output of all FY '10. The increased emphasis placed on training in these technical areas during the "surge" is evident. Each SCP developed an action plan during the FP and HIV/AIDS training to improve performance in these key high priority programs. ANC visits, both first and fourth, remained on track to achieve targets. The number of DPT 3 vaccinations and the amount of Vitamin A distributed considerably exceeded targets. These improved results also reflect the increased attention given to community outreach, which was stressed in all our meetings and trainings with the SCPs and the CHDs.

We continued to expand the Leadership Development Program (LDP); eight counties, including four counties in W. Equatoria (Yambio), were trained in module 1 by locally trained facilitators, supported by MSH STTA. We developed an SHTP II training plan for high-impact technical areas and for management support systems and incorporated it into our FY '11 work plan–submitted on October 20 and subsequently approved. All SCP subcontracts are being renewed in this quarter and the early part of the next quarter.

We continued to be challenged by low coverage for attended births and low numbers of community personnel trained in this quarter. We need to redouble our efforts to mobilize communities in the next quarter. The number of trained certified midwives within SHTP II facilities remains very limited, and women continue to prefer to deliver at home.

Quantitative Impact

Overall, 80% of SHTP II indicators are on track to achieve targets for FY ’11 based on the currently approved PMP. SHTP II continues to show good progress on two of our three core indicators. We achieved 47.9% of our FY ’11 target for DPT 3 in the first quarter (95% were provided through facilities), and 103% of our target for facilities providing 5 out of 7 high-impact areas. Our third core indicator, % of births attended by a skilled birth attendant, continues to be a challenge. We only achieved 15% of our target for births with skilled attendants; trained personnel are lacking and most women deliver at home.

In this quarter, SHTP II performed well in the

- number of children under 5 who received Vitamin A (47.3% of FY ’11 target);
- % of pregnant women who received IPT2 (32% of FY ’11 target);
- % of pregnant women with one ANC visit (23% of FY ’11 target) and 4 ANC visits (46.5% of FY ’11 target);
- number of FP counseling visits (33% of FY ’11 target);
- number of liters of drinking water disinfected (143% of FY ’11 targets);
- number of individuals reached with HIV prevention messages (22% of FY ’11 targets).

For both FP counseling visits and HIV prevention messages, we report approximately the same number of services that we reported all last year total. This quarter we did not achieve good performance on the number of health professionals and the number of community personnel trained. The Christmas holidays and events leading up to the Referendum in January inhibited performance in these indicators, and we anticipate an increase in the next quarter as our training programs and community mobilization strategy increase.

Project Administration

The main challenges we faced this quarter were in the procurement of equipment and in hiring staff. Procurement continued to be delayed by the closure of the approved vendor for two weeks over Christmas, pushing the procurement into mid-January. Our Tax Emption Letter issued in 2010 expired, necessitating a new one from the GOSS. Through the heroic efforts of our logistics staff, we obtained the new letter in less than two weeks, and the procurement is now back on track. Deliveries to the SCPs should begin the last week of January, if all goes well.

Up until now, SHTP II has never been fully staffed, but our increased emphasis on recruiting paid off in the hiring of qualified Sudanese staff. We hired two additional PHC advisors and an Accountant, all three of whom will start in January. Two Sudanese M&E officers with experience in S. Sudan have been recruited and will hopefully be hired in the next quarter. Replacement WASH and Community Mobilization Advisors are in the hiring process by IRC. For the first time in project history, we will have a full complement of SHTP II staff in the second quarter of FY ’11..

Q1 FY '11 Work Plan

The first quarter FY '11 work plan has, for the most part, been achieved. The following activity areas are delayed until the second quarter:

- Microgrants disbursement: The approval process for the microgrant manual continues to slow down implementation.
- Piloting WASH guidelines is delayed by the need to revise the guidelines and the lack of a WASH advisor.
- Training of SCPs, CHDs and facility staff on rational drug supply by SPs is delayed to the second quarter.
- CBO assessment delayed by the lack of approval of the microgrant manual.
- Field assessment of the community mobilization tools delayed until second quarter.
- TOT workshop for training HHPs delayed until second quarter.
- Data quality assessments did not occur as scheduled this quarter.
- The GOSS Health Assembly did not occur.

II. KEY ACHIEVEMENTS (Qualitative Impact)

Our key achievements are described in the same order that they appear in our approved results-oriented work plan.

Result #1: Expanded access/availability of high-impact services and practices

Dissemination of national policies and guidelines

SHTP II continuously sought, collated, and distributed available national policies and guidelines that were developed by the MOH for the seven high-impact areas to all SCPs, the CHDs, and health facilities within our catchment area. In this quarter, SHTP II made available to SCPS in the counties the family planning guidelines and Vitamin A protocol. During supervisory visits to the facilities, SHTP II ensured that the protocols and guidelines were available at the health facilities. During a joint visit with USAID to Lobonok and Pager PHCC and PHCU respectively, the facility staffs had the guidelines and protocols on hand and were able to refer to them.

Facility refurbishment

To ensure that health facilities meet the minimum standard that is required to provide services in the seven high-impact areas, SHTP II requested that the SCPs submit cost estimates for refurbishment of those health facilities in dire need of repair. These cost estimates were received and submitted to USAID at their request.

Support for distribution of drugs and medical supplies

SHTP II continued to coordinate with SPS and the Pharmaceuticals Directorate in the Ministry of Health in the distribution of drugs and medical supplies to all the facilities in the focus counties. We concentrated on maintaining the quarterly distribution of the drug kits but also facilitated occasional emergency distributions. One facility, Mundri PHCC, was omitted from the list of previous distributions and was later included through coordination with the Pharmaceutical Directorate. SPS and SHTP II jointly coordinated the distribution of supplementary ACT, totaling 261,900 doses for infants, toddlers, children, and adolescents/adults (provided by USAID) to SHTP II health facilities. SHTP II also received RH kits, including oral and injectable contraceptives, from UNFPA and distributed them to the SHTP II health facilities with trained service providers who had participated in our training courses in FP provided this quarter.

FFSDP

The Fully Functional Service Delivery Point (FFSDP) is a standards-based performance-quality improvement methodology that will improve the quality of services in SHTP II supported facilities. The FFSDP tool was developed last quarter and the SCPs were trained in its use. We have distributed appropriate forms and the users' manual to all SCPs. This quarter, the FFSDP was piloted and is being rolled out in Juba County, and other counties will follow next quarter. The results of the pilot will be incorporated into the design of the FFSDP for the next round of activities. We are recruiting an M&E Officer to function as a Quality Assurance Officer to monitor the implementation of the FFSDP.

Financial support to subcontracting partners

Last quarter we were intensely active in renewing the subcontracts of all the SCPs. We decided that all subcontracts would be renewed, and proposals were solicited from all the current SCPs for their counties. The proposals included a work plan, an M&E plan, and a budget. Senior Management of the SHTP II met with each SCP to review their proposals and make recommendations for revision and improvement. Subsequent approval of the revised work plans and M&E plans then served as the foundation for the budget negotiations. By the time of this report, all subcontracts were in various stages of renewal and will proceed uninterrupted. Analysis of the SCP budgets showed that they are currently employing 65% of the service provider staff in MOH facilities, and this will continue throughout this next year. This was an unbudgeted expense at the start of SHTP II but obviously needs to continue.

Three SCPs had serious performance issues during the last year: ADRA, IMC, and Save the Children. Our individual meetings with these SCPs resulted in a remedial action plan to improve performance. One SCP (ADRA) did not respond to our requests in an appropriate manner. Accordingly, Dr. Hartman and our contracts staff contacted the ADRA home office team and requested intervention to improve ADRA's performance in Juba and Terekeka Counties. Personnel from the home office have visited ADRA, some personnel changes have been made, and an action developed that addresses our concerns. We are now in the process of renewing the ADRA subcontract, but they will receive intensive supervision and mentoring from SHTP II staff.

The renewed subcontracts will have some new requirements: 1) Quarterly financial reports will be sent to SHTP II; 2) Payment will be made according to a formula that is determined by how well the SCP achieves its targets (see Annex 1); and 3) Quarterly reports on performance on the FFSDP by facility will be sent to SHTP II.

Distribution of IEC materials

SHTP II continued to distribute IEC materials to the SCPs. In this quarter SHTP II distributed 180 posters and 99 banners on WASH to the SCPs. These IEC materials were produced by UNICEF and approved by the MOH for distribution. However, they were distributed before we received the USAID mandate to submit all IEC materials for USAID's approval prior to distribution.

Child health and nutrition

SHTP II counties continue to provide Vitamin A supplementation to all children under five during the routine visits to the health facilities or through the National Immunization Days (NIDS). Increased awareness and outreach programs to sensitize the communities have demonstrated an increase in the number of children being vaccinated at health facilities in the counties, and 75% of the Vitamin A distributed this quarter came through fixed health facilities, not NIDs. These outreach programs also included health education on exclusive breastfeeding and the importance of infant and young child feeding. Other activities include child health days and routine growth monitoring for children under five.

Malaria prevention and treatment

SHTP II distributes LLITNs in the facilities through the MCH services. An increased number of IPT 2for malaria prevention in pregnancy in ANC outlets is linked to increased attendance at these services as a result of community outreach and sensitization on the importance of ANC for pregnant women. SHTP II also ensures that malaria treatments follow government protocols and has increased the availability of anti-malarial drugs and diagnostic aids. SCPs also carried out malaria management refresher trainings in line with national policies and guidelines. Health education and community mobilization has been a priority in all health facilities to ensure that the population is aware of malaria prevention through proper use of bed nets. There are now enough LLITNs in the counties to meet the demand for them through MCH services for the next fiscal year. We will monitor the supply closely and obtain additional LLITNs if the demand increases or the supply declines.

Maternal health

The provision of maternal health services continued in all the facilities in the SHTP II counties. These services include routine ANC services, including routine examinations, health education, tetanus toxoid vaccinations, IPT for malaria prevention and vitamin supplements in terms of folic acid and iron. Through health education campaigns in the communities, women are encouraged to deliver at the health facilities with assistance from trained and skilled midwives and MCHWs. However, more women still prefer home deliveries, which are assisted by TBAs and MCHWs. Nevertheless, SHTP II is working with the SCPs to improve MCH services in health facilities to increase utilization by expectant mothers. This is evident in Munuki and Nyakuron PHCCs in Juba County where delivery service is now available 24/7. Nonetheless, delivery in facilities by trained skilled birth attendants continues to be a challenge given the limited supply of nurse midwives and the inability to track deliveries that occur in hospitals. Planning began last quarter on development of a 5-day maternal and newborn care course for trainers and service providers, to be held in February, 2011.

Family Planning

SHTP II organized a TOT on Family Planning in October/November 2010 for service providers. Forty-five participants from SCPs, CHDs, and PHCCs were trained as trainers and service providers. As a result of this training 27 health facilities in the 14 counties have trained FP service providers. Each SCP developed a roll-out plan during the TOTs to roll out the training of more FP service providers in their counties; their objectives are to increase the number of FP service outlets in all the SHTP II facilities.

SHTP II received RH kits from UNFPA that were distributed to all SCPs. All service providers who were trained by SHTP II started using the commodities provided in their respective facilities. Quality testing of the USAID contraceptives continued during this quarter, but results were not received. Therefore, the only contraceptives available within SHTP II facilities are those supplied by UNFPA. During this quarter, SCPs increased awareness and knowledge on family planning and birth spacing amongst clinic staff as well as the community through continuous group/individual discussion, community meetings, and incorporating family planning counseling into ANC and PNC.

Our quantitative analysis will show a marked improvement in FP counseling sessions. During this quarter, SHTP II provided nearly as many FP counseling sessions as were provided all last year.

Water, sanitation, and hygiene

PSI program activities during this reporting period were largely focused on conducting trainings and following up with local authorities, partners, and stakeholders. The implementation team and outreach officers conducted outreach education, and the sales and marketing team continued to expand the water purification system vendor network in implementation areas and SHTP II counties. During the quarter, CBOs Outreach Officers were trained and school hygiene clubs mobilized, and meetings were held with the school focal teachers to contribute to the improvement of water quality and hygiene in program areas.

The PSI team in Juba conducted CLTS and sanitation products (slabs) marketing training for local artisans of Lologo South, Hai Gabat, and Gudele block 4 and 5, benefiting a total of 14 participants (male 13 and female 1). Follow-up visits were conducted to monitor the community's response to the CLTS project.

All other SCPs continue throughout this quarter to provide health education sessions on the importance of good hygiene and sanitation at the health facilities and in communities. Guidelines for integrating PSI activities with other SCPs in SHTP II counties were developed. SHTP II developed WASH guidelines for facilities and communities and distributed them to the SCPs for review and comment. We have also received feedback from USAID on these guidelines. These guidelines need revision and improvement. Unfortunately, the WASH advisor provided to SHTP II through IRC elected not to report back to post, so this position is open. IRC is actively recruiting and interviewing candidates now. Once the WASH advisor is replaced, the WASH guidelines will be revised based on the feedback received, and we will roll out these guidelines to the counties in the next quarter.

Support for medical waste management in health facilities

SHTP II developed WASH guidelines for health facilities that include a medical waste management plan and procedures. The plan has incinerator designs for different sizes and kinds of facilities. See above descriptions for the status of these guidelines.

HIV/AIDS

HIV/AIDS prevention activities have expanded this quarter according to the plans for the acceleration of HIV BCC activities in SHTP II counties. The acceleration plan was developed by each SCP during a full day of training discussions on HIV/AIDS during the last Partners Meeting in November, 2010. The main components of HIV awareness raising are implemented in locations like schools, churches, health facilities, and communities. As part of the strategy, peer educators were trained in some counties using the Peer Educators Manual for HIV Awareness in Southern Sudan, to carry out awareness outreaches. As a result, this quarter the SHTP II provided as many HIV/AIDS prevention activities as we did during the entire past year.

The number of PMTCT sites in the project has been reduced to four: Munuki and Nyakuron PHCCs in Juba County, Lokoloko PHCC in Wau County, and Malakia PHCC in Malakal County. These sites continue to provide HIV counseling and testing for pregnant women, with test kits from other partners like EuroHealth, FHI, and UNICEF. Any HIV + pregnant women are referred to nearby hospitals for treatment. SHTP II has yet to receive test kits that were shipped last quarter and are most likely lost in customs.

Result #2: Increased knowledge of and demand for health practices

The twin pillars of SHTP II's technical approach to health practices continues to be community mobilization and BCC activities. SCPs continued to focus on strengthening the capacity of Village Health Committees (VHC) and to involve them with greater roles and ownership in management of health facilities and the health system in the county. The SCPs provided training to VHCs, HHPs, and peer educators for outreach and dissemination of key messages in key themes of FP, HIV/AIDS, malaria, child health, maternal health, and WASH. In addition to previously distributed IEC materials, more WASH IEC materials were obtained from UNICEF and distributed to the SCPs. The SCPs continued to use community mobilization approaches such as puppetry to increase demand for important BPHS services. The use of services such as EPI, ANC and FP also increased with support from community outreach.

The SHTP II has invested considerably in standardizing community mobilization approaches, especially the training of VHCs and HHPs. We have developed draft manuals and held a one-day session with all the SCPs to engage them in developing our community mobilization approach. In the next quarter, after further development, these manuals will be field tested and then rolled out to the counties through the SCPs. This year the SHTP II is focusing on community mobilization activities.

After two rounds of feedback from USAID, the microgrant manual is ready for final submittal and approval. When the microgrant project is implemented in the next quarter, the CSOs will be awarded small grants and it is expected that an increase in the demand for services in the seven high-impact areas supported by the project will follow.

Result #3: Increased Southern Sudanese capability to deliver and manage services

SHTP II, under the leadership of a community mobilization consultant, collated information, methodologies, and training materials from agencies that were working with Civil Society Organizations (CSOs) in Southern Sudan and developed approaches to community mobilization, working with VHCs and HHPs. These materials were shared with the SCPs during the last partners meeting and the MOH, and a refinement and finalization process is underway. We would like to hold a consensus-building workshop with the MOH and partners to develop a common agreement on how to work with CSOs and village health communities.

The Leadership Development Program (LDP) has started to improve the capacity of CHDs and SCPs to function as managers who lead. After the first Facilitators Training Workshop conducted in early October 2010, a pool of local facilitators was created. These facilitators,

together with the LDP consultant, conducted an 'LDP 1 Workshop' in Juba and Yambio. This workshop will be replicated by the local facilitators in counties not represented in the previous workshops.

SHTP II developed a training program to increase the capacity of SCPs and service providers in technical areas such as FP, MNH, CH, malaria, and HIV/AIDS. In this quarter, SHTP II conducted back-to-back TOT and service providers' training in FP, HIV, and community mobilization. The FP and HIV training will be rolled out in the counties by the SCPs in the next quarter. The community mobilization training program needs further development.

Lessons Learned:

1. The surge in technical assistance to the SHTP II begun in the fourth quarter of FY '10 continued in this quarter and has shown very positive results. Progress is being made in previously underperforming areas, such as family planning, malaria, and HIV/AIDS, where performance has significantly improved in this past quarter.
2. Key program areas in which we have performed well in the past year, such as EPI, Vitamin A distribution, and % of pregnant women receiving ANC services, continued to show good achievements in this quarter.
3. Standardized training programs in high-impact areas, including curricula, facilitator's manuals, BCC materials, and job aids have been developed (and will continue to be developed) according to an SHTP II master training plan. These training programs have been well received by the MOH and SCPs, and at least one—FP—is in the process of being adopted as the official MOH FP training program.
4. The Leadership Development Program has also been well received and has proven it can significantly improve the capacity of the MOH and SCPs to manage and lead programs. A core group of local facilitators have been trained to replicate the training in all SHTP II counties.
5. Refinements in the approach to performance-based contracting will result in increased accountability and improved performance of the SCPs. While S. Sudan is a difficult environment in which to operate, it is feasible to implement a performance-based financing component within a PHC project in this country.
6. Continuing dialogue and sharing of best practices with and amongst the SCPs has improved communication and overall project performance. Supportive supervision to CHDs and SCPs is essential to this process.
7. The SCPs have now been able to fully staff the facilities within their counties, and increased productivity is occurring as a result. However, the SCPs continue to employ 65% of the service provider staff working in MOH facilities and this financial support will need to continue for the foreseeable future.
8. Increased community outreach has improved service delivery in key areas such as EPI, Vitamin A distribution, ANC visits, Family Planning, and HIV/AIDS prevention services.
9. Staff recruitment and retention of qualified professionals in the post-conflict environment of S. Sudan has been challenging, but the SHTP II is now approaching full staffing. This has helped improved SHTP II performance in the key result areas.
10. Continuing challenges exist in the percent of deliveries by skilled birth attendants, the WASH guidelines, the roll out of WASH programs, and training community personnel. These programs will receive increased attention in this next year.
11. Continuing dialogue with the MOH at all levels, but especially at the central level, has resulted in adoption of some SHTP II best practices and increased the options for sustainability.

12. A combination of technical and managerial improvements have simultaneously produced the biggest surge in SHTP II achievement. For example, technical training in high-impact areas combined with the LDP mutually reinforcing the skill set needed to implement programs successfully and achieve targets.
13. Continuing challenges exist within the post-conflict environment of S. Sudan, but steady progress can be made in rebuilding the health system and achieving significant results.

III. PROGRAM PROGRESS (Quantitative Impact)

During this quarter, SHTP II made significant progress toward achieving the targets set for the period October to December 2010. The data show a progressive increase in the proportion of the targets achieved compared with previous quarters. This section describes the key numerical achievements of the project against the indicators for each of the three key expected (intermediate) results: expanded access and availability of high-impact health services; increased knowledge of and demand for services and health practices; and increased Southern Sudanese capacity to deliver and manage services.

Table 1 shows the overall performance of the SHTP II against the key indicators and targets for the quarter with an explanation of the over and under achievements. Eighty percent of our indicators are on track to achieve targets by the end of FY ’11 according to the currently approved PMP.

Table 1. Achievement against key indicators, FY 2011 (as per September 2010 contract modification)

Indicator	Target FY 11	Q1 (Oct–Dec 2010) achievement			FY 11-to-date achievement	% of FY 11 target reached	Notes
		Males	Females	Total			
CHILD HEALTH							
Number of children less than 12 months of age who received DPT 3 from USG-supported programs	**20,750**	5,221	4,713	**9,934**	9,934	47.90%	The target was set higher later in FY '10 and was underachieved for that year. The results from this first quarter show the project has now caught up and is performing well above the target. Only 5.1% of this figure was achieved through accelerated campaigns in Tonj South, 95% of results were achieved through fixed health facilities this quarter.
Percentage of children less than 12 months of age who received DPT 3 from USG-supported programs	**20.80%**	5.20%	4.70%	**9.90%**	9.90%	47.60%	Due to an inconsistency in the previous year's targets there was a discrepancy in results between the number and percentage results for this indicator. This has now been corrected.
NUTRITION							
Number of children under 5 years of age who received Vitamin A from USG-supported programs	**30,400**	6,962	7,427	**14,389**	14,389	47.30%	This continues to be an area where the Project is performing well with distribution through campaigns as well as within facilities. However, 75% of doses were distributed through facilities, only 25% through campaigns. This target has been considerably increased for future quarters.
Percentage of children under 5 years of age who received Vitamin A from USG-supported programs	**45.00%**	10.30%	11.00%	**21.30%**	21.30%	47.30%	See Previous.
MALARIA							
Percentage of pregnant women who received IPT2 as part of the ANC visit	**50%**	NA	15.90%	**15.90%**	15.90%	31.80%	This important indicator performed well in FY 10 and appears to be on track to do the same for the current FY.

Indicator	Target FY 11	Q1 (Oct–Dec 2010) achievement			FY 11-to-date achievement	% of FY 11 target reached	Notes
		Males	Females	Total			
Number of LLITNs distributed through USG support	**151,698**	NA	NA	**34,276**	**34,276**	**22.60%**	120,000 LLITNs were sent to the counties but the distribution rate is slower as SHTPII supports distribution through MCH clinics and does not do mass distribution. Nonetheless, on track to achieve the full year target. However, this indicator has been dropped from the PMP that will be used for the rest of the FY '11.
MATERNAL HEALTH							
Percentage of women with one ANC visit	**65.00%**	NA	14.90%	**14.90%**	**14.90%**	**22.90%**	While this indicator was underachieved for FY 10, it is clearly on track to achieve the target this FY. This is consistent with increasing use of ANC services as more facilities come on line and community outreach on the value of ANC improves.
Percentage of women with at least 4 ANC visits	**20.00%**	NA	9.30%	**9.30%**	**9.30%**	**46.50%**	4 ANC visits are exceeding expectations beyond those for 1 ANC visit, an indication there is significant improvement in complete ANC services.
Percent of deliveries with a skilled attendant in USG-supported programs	**15.00%**	NA	2.30%	**2.30%**	**2.30%**	**15.30%**	This indicator is still unacceptably low but is showing signs of improvement resulting from SCPs efforts at raising awareness. However, improvement will be slow due to lack of skilled birth attendants in the country.
Percentage of assisted deliveries by trained traditional birth attendant (TBA) or maternal and child health worker (MCHW) in USG-supported counties	**40.00%**	NA	4.70%	**4.70%**	**4.70%**	**11.80%**	Under reporting of home deliveries supported by TBA & MCHW. This category of health care personnel is no longer officially recognized by the MOH and therefore not well supported, although they still exist.
CHILD SPACING / FAMILY PLANNING							
Number of counseling visits for FP/RH as a result of USG assistance	**15,000**	0	4,909	**4,909**	**4,909**	**32.70%**	Number of counseling visits for FP/RH as a result of USG assistance MSH/SHTP II has dramatically increased, showing as many FP counseling visits this quarter as we reported all last year.

Indicator	Target FY 11	Q1 (Oct–Dec 2010) achievement			FY 11-to-date achievement	% of FY 11 target reached	Notes
		Males	Females	Total			
HYGIENE AND SANITATION							
Liters of drinking water disinfected with USG-supported point-of-use treatment products	**140,000,000**	NA	NA	**84,309,200**	**84,309,200**	**60.20%**	Reflects success of the social marketing program for water purification products implemented through the subcontract to PSI responsible for this activity.
HEALTH SYSTEMS STRENGTHENING							
Number of health personnel trained with USG support in the different program areas (Malaria management; FP/RH; EPI, Diarrhea & ARI; HIV/AIDS; Hygiene & Sanitation; Leadership & Governance)	**1,690**	196	66	**262**	**262**	**15.50%**	The Christmas holidays and the run-up to the Referendum in January combined to decrease the number of health personnel trained this quarter. We expect an increase in future quarters.
Number of people trained in malaria treatment or prevention with USG funds	**150**	60	2	**62**	**62**	**41.30%**	In preparation for malaria program rollout, intensive training was done by the SCPs for LLITN distribution, IPT2, and the use of ACT treatment. Repeat training will be necessary to deal with the high turnover rate of staff next FY.
Number of individuals trained in good health and hygiene practices	**520**	417	327	**744**	**744**	**143.00%**	In preparation for program rollout, intensive training was done by the SCPs on WASH practices. Repeat training is necessary to deal with the high turn-over rate of staff
Number of health personnel trained with USG support in Immunization, Diarrhea & ARI management	**150**	43	11	**54**	**54**	**36.00%**	DDC is emphasized by SCPs and PSI, as is IMCI that also includes EPI and ARI management.
Number of community members trained with USG support in the different program areas (Hygiene & sanitation, Malaria management, FP/RH, HIV/AIDS, ….)	**2,500**	0	0	**0**	**0**	**0%**	No community members were reported trained in this quarter. We don't know if this is an artifact of reporting, or if no one really was trained. This indicator will improve performance as we roll out our community mobilization strategy and manuals throughout the next year.

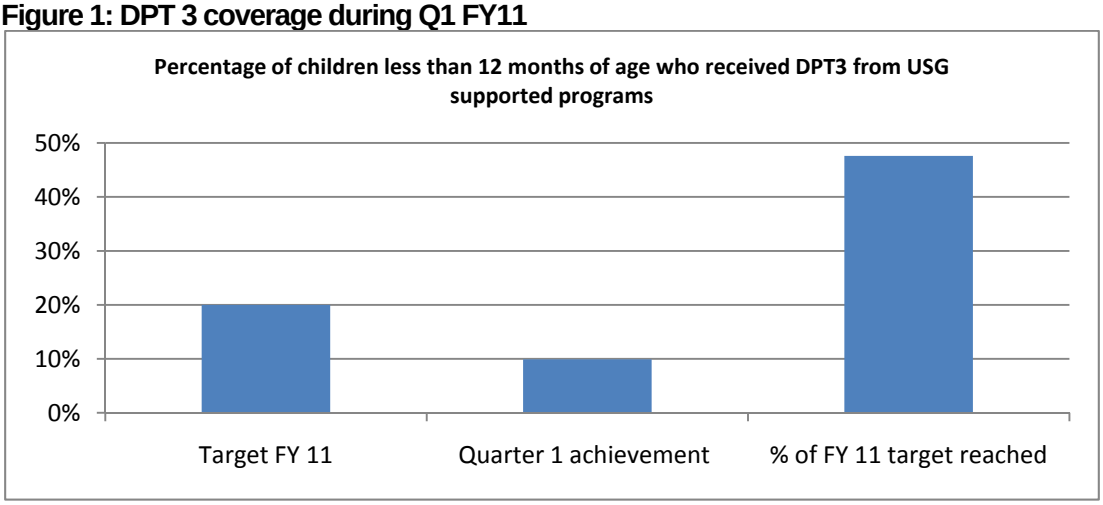
Indicator	Target FY 11	Q1 (Oct–Dec 2010) achievement			FY 11-to-date achievement	% of FY 11 target reached	Notes
		Males	Females	Total			
Percentage of clinics and health facilities that provide at least 5 of the 7 high-impact services using the MOH-approved standards	**93.60%**	NA	NA	**87%**	**87%**	**92.80%**	Many facilities were reporting on an irregular basis early last year and staff were poorly trained in data collection and reporting. There was a shortage of data collection and reporting tools, which is now corrected. Improved data collection will improve this indicator performance. In addition, increased training and mentoring of health facility staff has increased the number and types of services provided.
Percentage of USG-supported health facilities that submit their HMIS monthly reporting form within one month of the reporting month	**90.00%**	NA	NA	**93.00%**	**93.00%**	**103.00%**	We continue to show good compliance on timely reporting by the SCPs on their monthly HMIS.
HIV/AIDS							
Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	**None set**	NA	1,372	**1,372**	**1,372**	**NA**	
Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child transmission	**None set**	NA	5	**5**	**5**	**NA**	
Number of individuals from target audience who participated in communitywide event	**150,000**	14,986	1,7664	**32,650**	**32,650**	**21.80%**	Training of SCPs and increased emphasis on AB prevention messaging has resulted in a dramatic increase in the number or individuals who received prevention messages. (We reported 37,000 people reached all of last year).
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 births)				
1,334,519	53,381	266,904	46,708				

Quantitative achievements for ER 1 (expanded access to high-impact services) and for ER 2 (increased knowledge and demand for services)

Child health

As shown in Figure 1 below, a significant number of children received DPT 3 in this quarter, up to 10% of children in SHTP II focus counties eligible for vaccination with DPT were vaccinated with the third dose of the antigen. This was 47% of the FY ’11 annual target, and 95% of these vaccinations were provided through fixed facilities; only 5% were provided through NIDs. This shows the effect of expansion of the fixed vaccination facilities within SHTP II as well as the positive benefit of increasing community outreach to increase demand for EPI services. However, we continue to emphasize the need to over achieve the targets for DPT 3 in the interest of fully immunizing all children at risk.

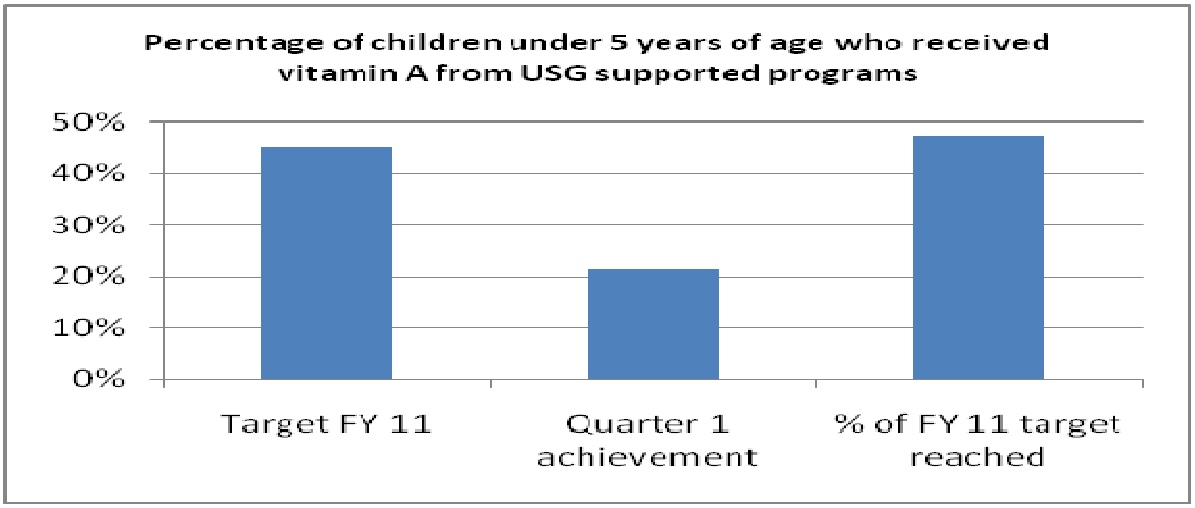
Figure 1: DPT 3 coverage during Q1 FY11



Nutrition

SHTP II counties continued to provide Vitamin A supplementation to all children under five during the routine visits to the health facilities or through the National Immunization Days (NIDS). As a result 14,389 children under the age of 5 years, or 45% of the FY ’11 target for Vitamin A supplementation in this year, have been reached (Figure 2). Only 25% of these Vitamin A supplementary doses were provided through campaigns; 75% were provided through fixed facilities during routine visits. Like the DPT 3 data above, this shows the effect of expanding access to fixed facilities and the increasing demand for the services. Community education efforts also stressed the need for exclusive breastfeeding for 6 months and appropriate young child feeding practices. Facility visits also provide growth monitoring and child health days.

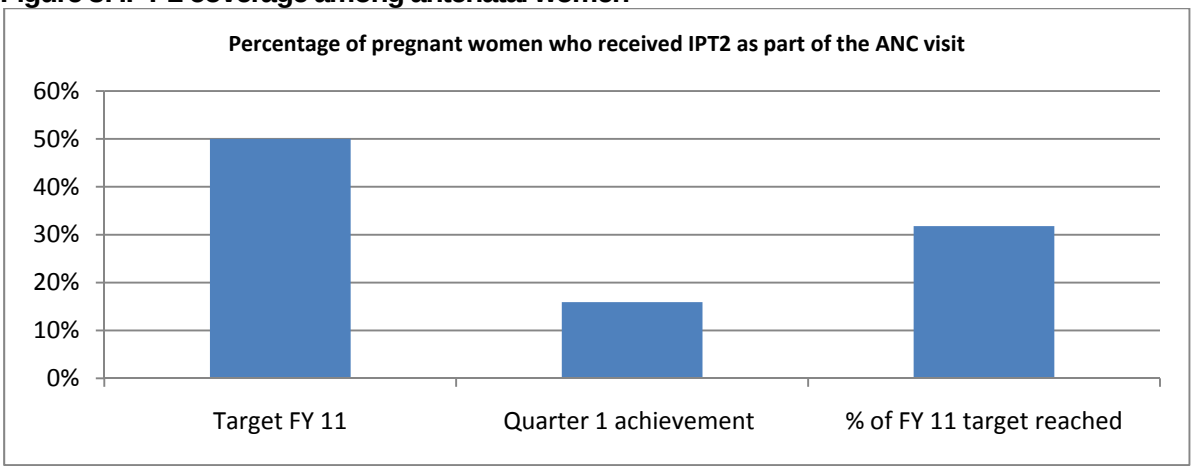
Figure 2. Vitamin A coverage among children less than five years old in the target counties



Malaria

The National Malaria Control Program continues to support malaria control activities, which include surveillance, prevention, and treatment, through health centers. SHTP II contributes to the national efforts in malaria management by providing salaries for approximately 65% of staff involved in malaria diagnosis and treatment, supporting prevention efforts, and capacity building for heath workers and community members. In the area of malaria prevention and treatment, SHTP II distributes LLITNS through the SCPs to health facilities, which in turn distribute the nets to pregnant women and children under 5, and supports the administration of IPT 2 for malaria to pregnant women during antenatal visits. In this quarter, 16% of pregnant women in the areas served by SHTP II received their second dose of IPT with USG support. This is 32% of the target level set for this quarter, as shown in Figure 3 below. Much of this increase may be related to community mobilization efforts by the SCPs in collaboration with the village health committees. Good supplies of Fansidar and training of ANC providers also contributes to improved performance. The data indicate a continued improvement in performance that was noted in the last two quarters of FY ’10.

Figure 3: IPT 2 coverage among antenatal women



In addition, we distributed approximately 34,000 LLITNs to pregnant women and to children under the age of five years through maternal and child health services. We will intensify activities in this next quarter to ensure that pregnant women and children under five years receive and use LLITNs appropriately for malaria prevention, with follow up in the community through VHCs to ensure that the nets are used correctly.

Maternal Health

SHTP II supports high-quality maternal health services by building the capacity of service providers and supervisors, improving the environment in which antenatal care is delivered, emphasizing the importance of assisted deliveries, and educating families on the importance of postnatal care.

Antenatal care

This high-impact intervention is tracked by measuring both the percentage of pregnant women attending ANC for the first time in a pregnancy and the percentage of pregnant women attending ANC four times or more. During this quarter, 15% (i.e., 23% of the annual target of 65%, see Figure 4) of pregnant women in SHTP II areas attended ANC at least once; and 9% (i.e., 47% of the 20% annual target, see Figure 5) have attended ANC at least four times during their current pregnancy. These findings continue the positive trend of increasing attendance at ANC services by pregnant women observed at the end of FY ’10. Increased community education on the importance of ANC visits, coupled with increased emphasis on training and capacity building of ANC provider staff contribute to this continuing improved performance on this indicator. During these visits, these pregnant women received health education on different health topics, treatment of inter-current diseases, and iron and folic acid supplementation, TT vaccination, risk factor assessment, and discussion with a skilled birth attendant regarding delivery options.

Figure 4: Percentage of pregnant women who had one ANC visit

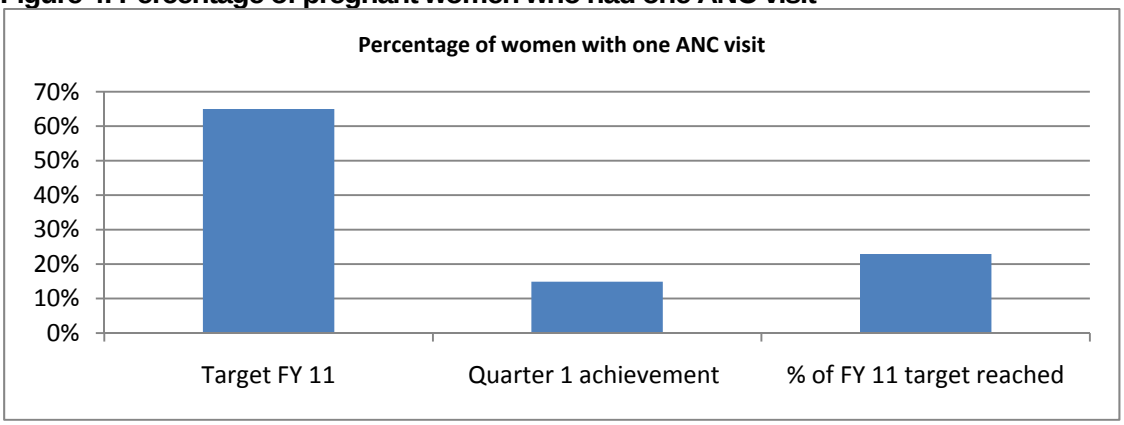
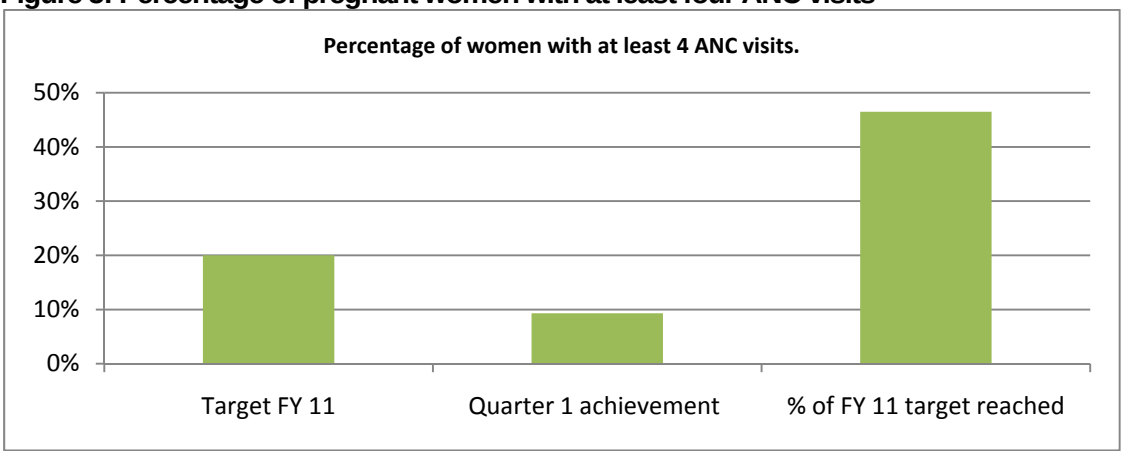


Figure 5: Percentage of pregnant women with at least four ANC visits



Assistance at delivery

The ultimate outcome of ANC is to identify high-risk pregnant women, to treat any health problems and to prepare pregnant women for a safe, attended delivery. In SHTP II the indicator for achievement is the percentage of women who have a skilled attendant during delivery. Skilled attendants are defined as those professionals who have participated in Midwifery trainings for 18 months or more. In southern Sudan, skilled attendants are Community Midwives, Certified Midwives, Certified Nurses, Medical Assistants, Clinical Officers, and Doctors. During this quarter only 2.3% of deliveries were attended by skilled birth attendants, just 15% of the annual target. The annual target is set very low, at 15% of deliveries conducted by skilled attendants. As mentioned earlier, S. Sudan does not have enough skilled birth attendants to provide safe, assisted deliveries. Most women prefer to deliver at home, or use unskilled birth attendants, such as TBAs or MCH workers. Figures 6 and 7 below illustrate this problem.

Figure 6: Proportions of deliveries with skilled birth attendants

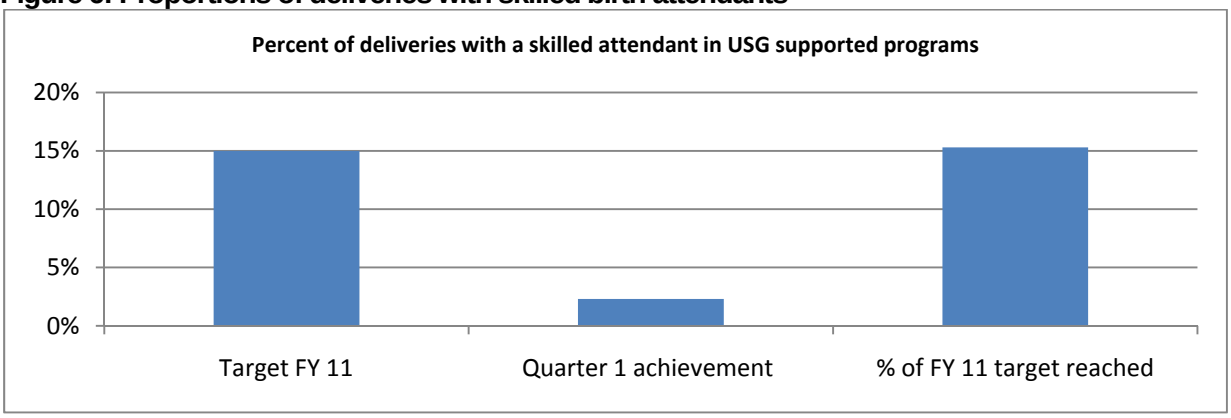
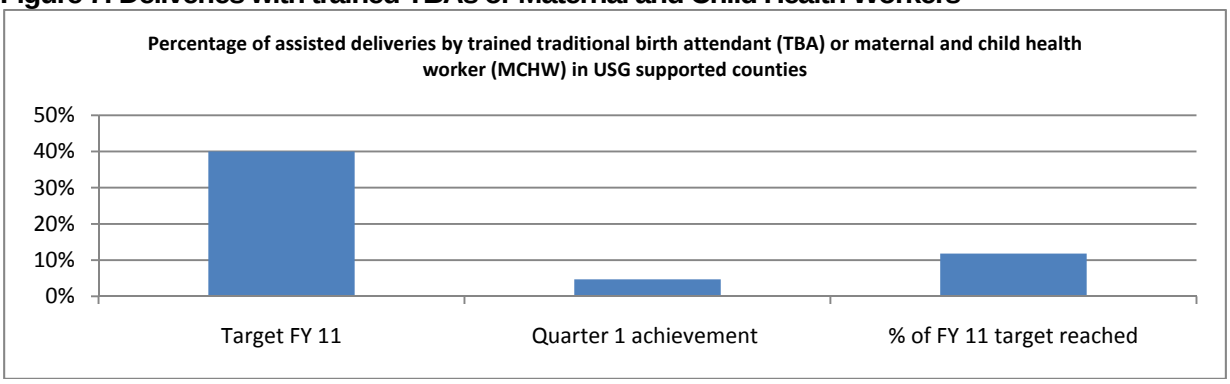


Figure 7: Deliveries with trained TBAs or Maternal and Child Health Workers

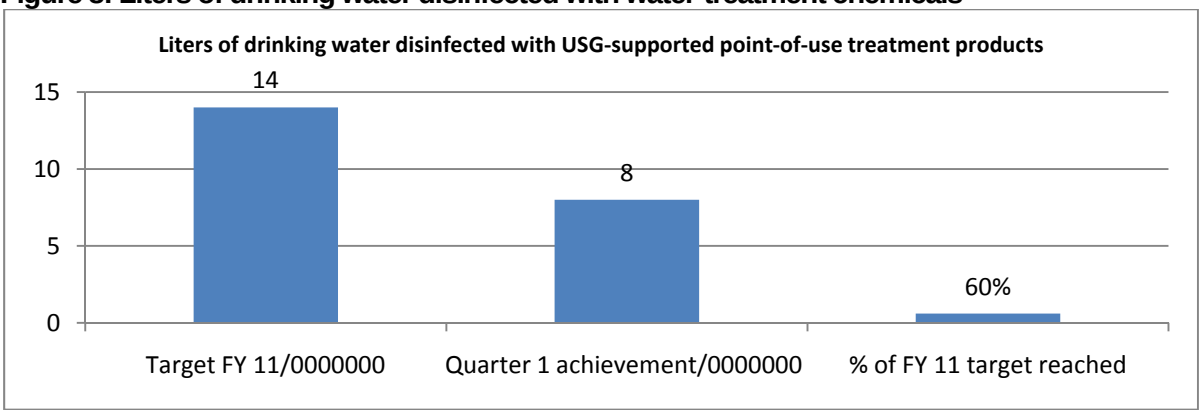


Only 5% of deliveries were reported as attended by TBAs or MCH workers, just 12% of the 40% annual target. This indicates that recorded deliveries in SHTP II counties mostly take place at home and are not reported.. Some pregnant women who attended ANC in SHTP II facilities delivered in hospitals but the data are not captured and reported. MSH seeks to improve on this through the upcoming MNH training in January–February 2011.

Water, hygiene, and sanitation

SHTP II supports the treatment of water at the point of use through the sale of water treatment products at commercial outlets, such as retail shops, pharmacies, and drug stores. Through our subcontract with PSI, distribution of the point-of-use treatment is complemented by an elaborate and proactive social marketing campaign targeting the population. During this quarter, sufficient point-of-use products were distributed to disinfect approximately 8 million liters of water, an achievement of 60% of the annual target of 140,000,000 liters of water disinfected. Figure 8 below shows the positive benefit of this highly effective social marketing campaign.

Figure 8: Liters of drinking water disinfected with water-treatment chemicals

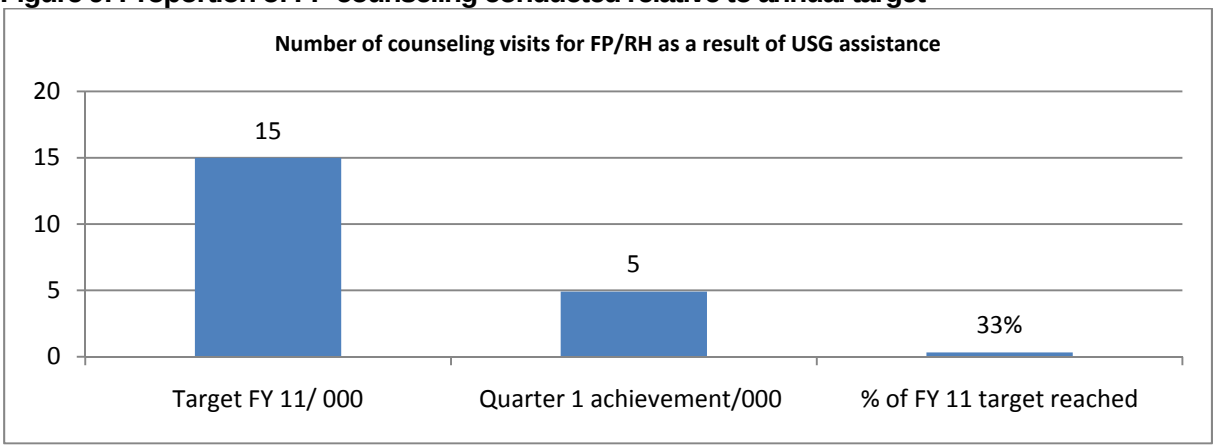


Family planning

In the fourth quarter of FY ’10, SHTP II focused on FP training, with 4 separate workshops on FP for the CHDs and SCPs. A FP curriculum was developed, complete with a reference manual, BCC materials, and job aids. Each SCP developed their plan for rolling out FP services, including the training of additional FP service providers in additional facilities by

the master trainers trained by MSH. This quarter alone 4,909 FP counseling visits were recorded in SHTP II-supported counties (last year only 4,000 FP counseling visits were reported for the entire year!). This represents 33% of the annual target of 15,000 FP counseling visits for FY '11 in the 14 SHTP II Counties. This achievement was made possible through training of SCPs, CHDs, and Facility staff in FP service provision and methods, as well as providing FP commodities to SCPs provided by the UNFPA. Targeted community outreach and education helped increase demand for FP services. Figure 9 below shows the percentage of FP counseling attained relative to the overall annual target.

Figure 9: Proportion of FP counseling conducted relative to annual target



HIV/AIDS

There are three targets set for measurement of HIV/AIDS achievements: 1) Number of pregnant women with known HIV status (including women who were tested for HIV and received their results). During this quarter, 1,372 pregnant women were tested and received their results; 2) Number of HIV positive women who received their antiretrovirals to reduce risk of mother-to-child transmission. Out of above-mentioned number of women who were tested for HIV and received their results, 5 received ARV in the nearest ART center; 3) The number of individuals from the target audience who participated in the communitywide event—32,650 individuals participated in community-wide event reaching 22% of the annual target in SHTP II areas. (Last year 37,000 individuals were reached with AB prevention messages in the entire year!). An entire day at our November, 2010, partners meeting was devoted to HIV/AIDS BCC messaging approaches and the SCPs developed their own action plan for increasing the number of individuals reached with prevention messages. These results show the effectiveness of this approach within the SHTP II.

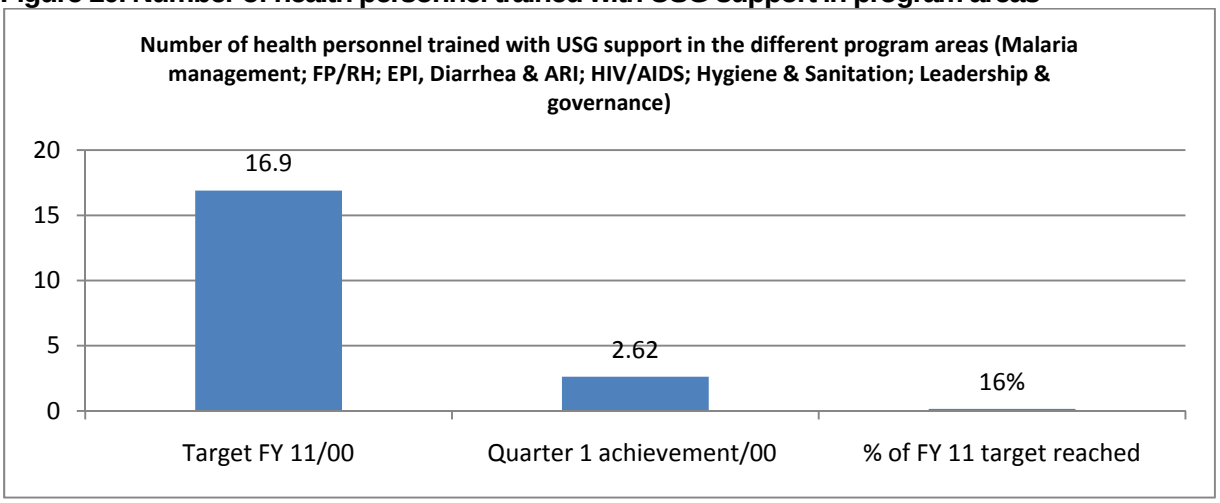
Achievements for ER 3 (increased Southern Sudanese capability to deliver and manage services)

The interventions under this third ER are aimed at strengthening the health system in Southern Sudan and are measured by tracking the training of health care workers and community members, the provision of services at the health facilities, and the submission of HMIS reports by facilities.

Health systems strengthening

Training of health personnel is done by both MSH/SHTP II and the SCPs. As shown in Table 1 above, key achievements against key indicator targets, a total of 262 health personnel received in-service training in different program areas during this quarter. This achievement represents 16% of the overall annual target as shown in Figure 10 below. Training of health personnel dropped off in December due to the Christmas holidays and the events leading up to the Referendum in January. Training will pick up again in the next quarter.

Figure 10. Number of health personnel trained with USG support in program areas



Training of health personnel

Health personnel were trained in the following program areas during this quarter:

FP/RH:

- 23 in Mvolo/Wulu county (17 males, 6 females)
- 2 in Aweil South (1 male, 1 female)
- 2 in Juba county (all females).

PMTCT:

- 6 in Panyijar (all females)
- 5 in Aweil South (1 male, 4 females)
- 16 in Juba County (4 males, 12 females)

Malaria:

- 16 in Mundri West (14 males, 2 females)
- 17 in Tonj South (all males)
- 3 in Aweil South (all males)
- 26 in Twic East (all males).

EPI, diarrhea and ARI management:

- 13 in Mvolo/Wulu (all males)
- 15 in Malakal (4males, 11 females)
- 26 in Twic East (26 males)

Leadership Development Program:

- A total of 80 SCP, SMOH, CHD, and PHCC staff were trained in the LDP series of workshops: Alignment, Facilitation, and Scanning.
- 22 SCPs and CHD managers attended the LDP Facilitation workshop, 8 of whom were then selected and coached by the MSH LDP expert to lead and replicate LDP trainings in selected States.
- 58 staff (teams from 12 of the 14 SHTP II counties) attended the LDP 1 ('one') workshop for Scanning conducted in Juba and Yambio. This is an iterative process with repeat STTA visits by the MSH Master LDP Facilitator throughout the year. The workshop introduces the LDP, and members of the CHD develop facilitation skills on a "learning by doing" basis, skills that will allow the LDP team to adapt the LDP's standard curriculum to the Sudanese context.

Staff trained in the program areas outlined above helped SHTP II project achieve high percentages of annual targets in just one quarter:

- 32% of FP's annual target
- 48% of EPI's
- 47% of PMTCT's
- 32% of IPT's
- 60% of the annual target for "liters of drinking water disinfected" target

SHTP II's high performances will have a positive impact on the health of an estimated 1.3 million people in Southern Sudan's USG-supported counties.

Training of community members

In addition to the health personnel who were trained in various program areas, SHTP II partners and their counterparts conducted trainings for individuals from target audience on HIV/AIDS prevention in communitywide events. A total of 1,372 individuals were reached this quarter. The number of individuals trained in good health and hygiene practices was 744 (over 100% of that program area's annual target).

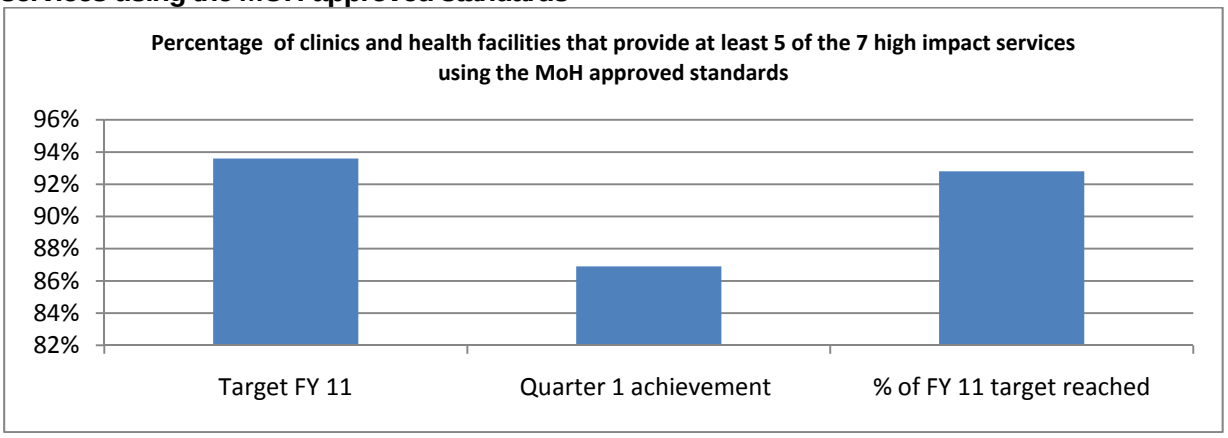
HMIS reporting

The project continued to improve its ability to provide high-quality routine data to both assess progress toward reaching its targets and to guide decision making. In this regard, the percentage of USG-supported health facilities that submitted their HMIS monthly reporting form within one month of the reporting month has reached 93%, exceeding the target of 90%.

Service provision by facilities

The SCPs are required to support the County Health Departments, facilities, and communities in improving access to, and ensuring the quality of, the Basic Package of Health Services (BPHS) in their respective counties. This quarter, the percentage of clinics and health facilities that provide at least 5 of the 7 high-impact services using the MOH-approved standards attained 87%, which accounts for 92% of the target (as indicated in Figure 11 below). That is a good measure of how strong the health system is in SHTP II-supported areas, and this strength bodes well for plans aimed at expanding access to, and increasing the availability of, high-impact services and practices.

Figure 11. Percentage of clinics and health facilities that provide at least 5 of the 7 high-impact services using the MOH-approved standards



IV. MONITORING

The following activities were completed by the Monitoring and Evaluation team this quarter:

Support to the Mid-Term Evaluation team

The MTE team sent a series of requests to SHTP II for additional information, so we reviewed our databases and forwarded our answers. In response, the MTE congratulated SHTP II on a well-functioning M&E system that allowed us to meet their requests in a timely fashion, and the MTE final conclusions highlighted the M&E system as one of SHTP II's strengths.

Improving key SHTP II information systems

As part of the continuous improvement of SHTP II's information system, the M&E Director devoted a great deal of his time to identifying and improving key systems. These activities included: 1) developing a Training Activity Planning and Monitoring Database–now ready for testing—which will allow SHTP II to monitor and track all training within the project; 2) computerizing the Data Quality Assurance Monitoring System for the HMIS; 3) improving the data and structure of the SCP Data Collection and Reporting database, which is used to monitor SCP performance; and 4) field testing and assessing the data structures required to implement the Fully Functional Service Delivery Point tool. These systems are still in different stages of development. Future systems development might include an Automated PMP and/or Work Plan Monitoring and Reporting tool. In addition to these systems-strengthening activities, the M&E Director has provided overall guidance to the unit, mentored the staff, and recruited and interviewed potential new M&E staff.

Uploading the April–September 2010 service data into the SCP database

The M&E team uploaded the database with the April 1 through September 30 service reports from all the SHTP II-funded PHC facilities. The activity was conducted through the technical assistance from the Talent Institute staff that developed the database early last year.

Participating in the preparation of FY '10 Annual Report

The field M&E team, assisted by the Principal M&E Technical Advisor, jointly produced the cumulative FY '10 annual (quantitative) report that guided the SHTP II team in preparing the Annual Report that is submitted to USAID.

Testing the FFSDP tools in one PHC facility in Juba County

On December 17, the M&E team conducted a field test of the Fully Functional Service Delivery Points (FFSDP) tools in Gurei PHCC, Juba County. Prior to field testing the tools, SCPs received training and copies of the updated version of the FFSDP standards. Recommendations from this field test will be incorporated into revisions of the FFSDP QA tool for roll out this FY.

Short-listing and interviewing candidates for M&E Officer's position

The M&E Director and Technical Advisor interviewed two candidates who applied for the M&E Officers' positions

Reviewing and revising the FY '11 PMP with the USAID health team and the M&E advisor

The M&E team participated in the review of FY'11 PMP that is yet to be approved by USAID's contract officer. Once approved, the revised targets in the PMP will be subdivided by county according to population and circulated to the SCPs. These targets will then be incorporated into a modification of the subcontracts and become the basis of the performance-based payment formula

Data Quality Assessment

Data Quality Assessment tools were developed and field tested in the previous quarter. Other commitments and activities noted above precluded expansion of these tools to other health centers this quarter, but this will be the priority activity for this next quarter.

V. NEXT QUARTER'S WORK PLAN

No significant deviations from the approved work plan are expected. Key activities planned for completion in the forthcoming quarter are:

Training

- Development and implementation of a 5-day maternal and newborn health course for 50 participants from the CHDs, SCPs, and county health facilities involved in either supervision or service provision of maternal and newborn services. The course is scheduled for January 31–February 4, 2011.
- Roll out of the cascade training in Family Planning by the SCP master trainers within each county, based on the curriculum developed and implemented in the last quarter of 2010.
- Continuing expansion of the Leadership Development Program, with training in Wau for 4 different county teams; roll out within each county to the facility level.
- Development and implementation of a child health/IMCI/Community Case Management training program for 5 days, scheduled from March 6–21, 2011.

Technical Systems Development

- Finalization of Manuals for Training of VHCs, Community Mobilizers and Home Health Providers. Consensus building workshop with MOH and partners on Community Mobilization Policies and Guidelines. Field testing and adjustment of methodology agreed upon. TOTs for the SCPs in the standardized Community Mobilization methodology and use of the manuals. Capacity building to VHCs and other community organizations using the methodology developed.
- Revision, finalization and roll out of the SHTP II WASH Guidelines and Manuals within the counties.
- Strengthening of the Fully Functional Service Delivery Point (FFSDP) methodology with support to the SCPs for rolling the FFSDP to the facility level with a quality improvement team established in initial facilities in initial counties. Quarterly reports on FFSDP results required for each SCP.
- Increased level of supportive supervision visits to counties focusing on poorer performing SCPs.
- Microgrants manual approved, initial small grants awarded and implementation begun. Provide capacity building to selected CBOs.
- Collaborate with SPS to improve rational distribution of medications at the County and facility level.

Management Support Systems Development

- Finalization of all SCP subcontracts for the 14 counties.
- Inclusion of a revised performance based payment formula in each subcontract.
- CORE Group Quarterly Meeting
- SCP Quarterly Meeting and Training
- Peerformance-based financial reporting system strengthened.
- USAID Quarterly Technical and Financial Reports developed and delivered
- Full complement of SHTP II technical and administrative staff hired and oriented: 2 PHC advisors, 2 M&E Officers (1 will function as a QA manager), 1 Accountant, 1

WASH Advisor, 1 Community Mobilization (this will be the current full complement of SHTP II staff)

- Discussions with USAID regarding budget ceiling increase and possible extension.

Monitoring and Evaluation

- Continuing data quality assessments of SCPs/CHDs/facilities
- Semi-annual SHTP II M&E workshop to introduce improvements in the HMIS, reporting of data and quality assurance activities
- Continuous monitoring of the PMP, revisions according to USAID amendment this quarter.
- Revisions of SCP quarterly targets by county based on USAID approved PMP revisions.
- Continued monitoring and evaluation of SCP progress on implementation of SHTP II high priority activities.

VI. FINANCIAL INFORMATION

[Redacted]

VII.PROJECT ADMINISTRATION

Constraints and Critical Issues

Procurement continued to be a serious constraint. USAID approved the procurement waivers, and we initiated the procurement process through the approved vendor, Kenson & Co. in Nairobi. However, they shut down for two weeks over the Christmas season. This shut down had two effects: 1. No procurement was initiated until the second week of January, and 2. The 2010 Tax Exemption certificate issued to MSH expired, necessitating obtaining another one prior to initiating the procurement. However, through heroic effort by SHTP II logistics staff, a 2011 Tax Exemption Letter was obtained. The procurement of the equipment has now started and we expect delivery to the SCPs to occur in the first half of the forthcoming quarter.

A combination of the Christmas holidays and the Referendum on January 7 slowed activities down considerably in the last half of December, but there has been a substantial increase in SHTP II activities in the period after the referendum.

Personnel

Significant progress was made in filling our approved personnel roster for the SHTP II. Two additional PHC Advisors were hired and started working in January, as did the new Accountant. Recruitment activities for two new M&E Officers are expected to result in filling these two vacant positions this forthcoming quarter. The IRC WASH Advisor and Community Mobilization Coordinator resigned this quarter, and replacements are being sought for placement early in the forthcoming quarter. These were the only staff turnovers experienced this quarter, the previous pace of staff turnover has slowed considerably. We are awaiting USAID approval of our candidates nominated for COP and DCOP. In the meantime, the previous DCOP is the Acting COP and performing well.

Changes in the Project

The main issue facing the SHTP II is severe financial restrictions. We are facing a $2.5M budget shortfall by the EOP. After discussions with USAID technical and contract staff last quarter, at their request we submitted two budgets: 1. Budget would erase the shortfall and add some staff in key areas, such as quality assurance, training and MSH (2 nurse midwives); 2. Budget that would extend the SHTP II one more year and also add on the additional staff described above.

Contract Modifications and Amendments

No contract modification took place this quarter, but extensive discussions occurred regarding revisions of the PMP during this quarter. The final revisions have been agreed upon and a contact amendment is pending for the second quarter.

Annex 1: PBC Payment Formula and Invoice (sent as a separate document)

Annex 2: Success Stories (sent as separate documents)

Attachment II: List of Deliverable Products

List the “products” that were produced during the past quarter, such as Surveys, Training Designs, Trip Reports, Third Country Visit Reports, etc. , and attach them here.

Family Planning Curriculum attached as a separate document.