

**A4**

**Monitoring and evaluating framework to reduce maternal  
mortality due to postpartum hemorrhage**

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## Assignment 1

Develop an M&E framework for a 3-year initiative to reduce maternal mortality due to postpartum haemorrhage, through wide training of midwives and upgrade of health facilities in active management of the third stage of labour (AMTSL). ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

### Introduction

Postpartum haemorrhage (PPH) is the most important single cause of maternal mortality worldwide. Addressing and reducing mortality due to PPH need and effort of long term and short terms plans and actions.

Despite the plan set for the Millennium Development Goals (MDG) about reducing the maternal mortality rate in most developing countries nearly nothing is achieved. Time has come to plan again in order to reduce the maternal mortality rate.

According to the Sudan Ministry of Health, national strategy was to reduce maternal mortality to 260 per 100,000 live births by 2010. Looking at the planning nothing significant has been realised, because the policy has not been translated into action.<sup>1</sup>

### Short term plan

There is need to plan on activities that can be done immediately in order to address the burden caused by postpartum haemorrhage. Causes of PPH are preventable if they are addressed and the community is aware about them and the actions that they should take to prevent mothers from dying.

### Development and implementation of national guidelines

There is need for the ministry of health to develop national guideline for the active management of the third stage of labour which has to be used within the whole Republic of Southern Sudan. When the guidelines are formulated they need to be implemented. Sometimes guidelines are formulated but the implementing organizations and personnel are not aware of what has to be done. It is the responsibility of the ministry of health to monitor and ensure that the formulated guidelines are uniformly implemented in both government and non- governmental health facilities within the country.

### National health information system

There is need to create a tool that can be used in order to monitor the policies and guidelines, this tool helps identify gaps and needs so that action points can be drawn. This tool can help even assess the impact of the program implementation.

### Community awareness

There is need to create awareness within the community at different levels on the dangers of postpartum haemorrhage and the possible interventions that can help reduce the mortality due to PPH. The community should be made aware of the danger signs and any bleeding during pregnancy. This will help them encourage the pregnant mothers to seek early medical care and help from a skilled birth attendant.

## **Empowering women**

There is need to empower women on health issues and encourage them to have birth plan for any emergency during deliver and have a skilled birth attendance during the deliver. This will help reduce the risk of dying from postpartum haemorrhage.

## **Improvement of health services**

The government need to put in facilities within the community in areas where there are no health facilities for the community to access easily. In areas where are health structures there is need to deploy personnel who are skilled to assistance the community and there should be knowledgeable about the active management of third stage of labour. The government should improve community accesses to life saving drugs; when this is done it can results in reduction of mortality.<sup>2</sup>

## **Strengthening health services**

There is need for the ministry of health in the Republic of Southern Sudan with the partner organization to strengthen the health facilities so that the facilities can offer basic obstetric care, this will help to improve and save some mothers during delivery in case when they develop postpartum haemorrhage.

## **Improvement on medical supplies**

Many health facilities lack essential drugs and sometimes there is stock out, there is need to add drugs like misoprostol in the essential drugs supplied to the health facilities within the region, so that the personnel start to use them in case of postpartum haemorrhage.

## **Increase access to Antenatal Care (ANC)**

When pregnant mothers are encouraged to come for ANC early some of the factors that may increase the risk of developing PPH can be identified and addressed in advance. Many women come for ANC during the second and third trimester.

## **Improvement in family planning services**

Currently in Southern Sudan Family Planning services are not easily accessible to most women though some women have the desire to access. In some places the available ones are Inject plan and Combined Oral Contraceptives. There is need to have complete set of Family Planning in health centre and referral hospital so that women can be able to access.

## **Professional development**

There is need to train the current personnel on the active management of the third stage of labour which include administration of misoprostol within one minute of delivery, controlled cord traction and uterine messaging after the delivery of the placenta.<sup>2,3</sup>

## **Long term plan**

There is a need to plan long term activities that can help in the future to combat the mortality rate.

## Increasing skilled birth attendance

In Africa, especially in Southern Sudan were the number of health personnel are very few, most births are conducted at homes assisted by the relatives or Traditional Birth Attendance (TBAs). There is need to increase the skilled attendance during birth within the community. Training Midwives there is need to train more midwives so that the number of skilled birth attendance can help reduce the high mortality and perform active management of the third stage of labour which when can help and save lives of many women.

## Monitoring & Evaluation (M&E) Plan 2012 - 2015

Activity	Responsibilities (Who)	Indicators (What)	Methods (How)	Time frame
Development & Implementations of National policies.	<ul style="list-style-type: none"> <li>➤ MOH</li> <li>➤ SMOH/CHD</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unified use of protocol.</li> <li>➤ Improved management of Third Stage of labour.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Through (CHD) County health department</li> <li>➤ Health facilities</li> <li>➤ NGOs implementing health programs.</li> </ul>	January 2012.
National Health Information System	<ul style="list-style-type: none"> <li>➤ MOH</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased use of AMTSL</li> <li>➤ Reduced % of mortality due to PPH</li> </ul>	<ul style="list-style-type: none"> <li>➤ County Health Department</li> <li>➤ Health facilities.</li> </ul>	2012
Increasing the Number of health Facilities	<ul style="list-style-type: none"> <li>➤ MOH</li> <li>➤ SMOH</li> <li>➤ NGOS</li> </ul>	<ul style="list-style-type: none"> <li>➤ Geographically and equally distributed facilities.</li> <li>➤ Sufficient life saving facilities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Build facilities in areas where there are no facilities</li> </ul>	2012
Community awareness	<ul style="list-style-type: none"> <li>➤ MOH/SMOH/CHD</li> <li>➤ Health personnel</li> <li>➤ Civil authorities.</li> <li>➤ NGOs/Churches</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase knowledge on dangers signs that leads to mortality.</li> <li>➤ Knowledge on importance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Through Radio talk</li> <li>➤ Community gathering places.</li> <li>➤ Mass media messages encouraging birth</li> </ul>	2012 ongoing.

		<p>of having birth plan</p> <ul style="list-style-type: none"> <li>➤ Increased number of birth attended by skilled birth attendance.</li> <li>➤ Increased number of Births in Health Facility.</li> </ul>	<p>preparedness.</p>	
<p>Improvement &amp; Strengthening of Health Services</p>	<ul style="list-style-type: none"> <li>➤ MOH</li> <li>➤ SMOH</li> <li>➤ CHD</li> <li>➤ NGOs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Existing &amp; functional Facilities.</li> <li>➤ Increased Numbers of Skilled staff in health facilities</li> <li>➤ Active staff motivation.</li> <li>➤ Increased medical supply to facilities.</li> <li>➤ Increased number of skilled birth attendance at birth.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Deployment of skilled staff to health facilities.</li> <li>➤ Prompt payment of staff salaries.</li> <li>➤ Improve staff working conditions.</li> <li>➤ Provision of funds to maintain existing facilities.</li> <li>➤ Partnership with private sector.</li> </ul>	<p>2012</p>
<p>Improvement on Medical supplies</p>	<ul style="list-style-type: none"> <li>➤ MOH</li> <li>➤ SMOH</li> <li>➤ NGOs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Availability of life saving drugs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Stock monitoring</li> <li>➤ Procurement of essential drugs to be supplied to the facilities.</li> <li>➤ Funds provision</li> </ul>	<p>2012-2015 ongoing</p>

Increasing Access to ANC	<ul style="list-style-type: none"> <li>➤ Clinical Officers/Medical Assistance.</li> <li>➤ Midwives/Maternal &amp; Child health Workers.</li> <li>➤ Community Members.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase number of ANC attendance.</li> <li>➤ Increase number of skilled birth attendance at birth.</li> <li>➤ Active management of third stage of labour (AMTSL).</li> </ul>	<ul style="list-style-type: none"> <li>➤ On job training</li> <li>➤ National guidelines</li> <li>➤ Medical supplies.</li> <li>➤ Partnership with NGOs &amp; Church based organisations.</li> </ul>	2012 to 2015 (on going)
Family Planning Services	<ul style="list-style-type: none"> <li>➤ MOH</li> <li>➤ SMOH</li> <li>➤ NGOs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased access to FP services</li> <li>➤ Easily accessible by women</li> </ul>	<ul style="list-style-type: none"> <li>➤ Health facilities.</li> <li>➤ ANC services.</li> <li>➤ PMCT/VC T services</li> </ul>	2012
Training the health care providers	<ul style="list-style-type: none"> <li>➤ Ministry of health Government of Southern Sudan</li> <li>➤ State Ministry of Health</li> <li>➤ NGOs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Update on current trend of health service delivery.</li> <li>➤ Improved performance and competencies</li> <li>➤ Increased knowledge on the Management of third stage of labour.</li> <li>➤ Knowledge of the use of life saving drugs.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Workshops.</li> <li>➤ In-service training.</li> <li>➤ On job trainings.</li> <li>➤ Designing training manuals.</li> <li>➤ Funding.</li> </ul>	2012
Training Midwives	<ul style="list-style-type: none"> <li>➤ Ministry of health</li> <li>➤ State ministry of health</li> <li>➤ NGOs implementing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Strengthened midwifery workforce.</li> <li>➤ Increased</li> </ul>	<ul style="list-style-type: none"> <li>➤ Professional training.</li> <li>➤ Midwifery Training</li> </ul>	2012 – 2015

	health in Southern Sudan	number of midwifery profession. <ul style="list-style-type: none"> <li>➤ Increased % of skilled birth attendance.</li> <li>➤ Reduced % of mortality due to PPH</li> <li>➤ Increased accessibility to ANC.</li> <li>➤ Increased chances of survival from Postpartum haemorrhage</li> </ul>	Schools. <ul style="list-style-type: none"> <li>➤ Appropriate training programs</li> <li>➤ Midwifery Council &amp; Association</li> <li>.</li> <li>➤ Funds for training.</li> </ul>	
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## Assignment 2

If you wanted to evaluate improved performance, from an average 45% who at baseline know well how to perform AMTSL, how many providers would you need to demonstrate it? And, would you need a "control" group? ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

The number of providers need depend of the level of the facility and the population within the area in a small setting the number should be 30 with different qualifications, this includes if possible doctors, clinical officers/medical assistance, midwives, comprehensive nurses, community midwives, pharmacists or pharmacy assistance and laboratory staff.

Control group can be used in order to identify the difference and outcome of the program.

## References

1. Federal Ministry of Health. National strategy for reproductive health 2006 – 2010. Sudan: Federal Ministry of Health; 2006.
2. Rosenfield A. Improving the health of women in developing countries: reducing maternal mortality. NY: Elsevier Science. 2005;50(4):272-274.
3. Pagel C, Lewycka S, Colbourn T, Mwansambo C, Meguid T, Chiudzu G, Utlely M, Costello A. Estimation of potential effects of improved community- based drug provision, to augment health-facility strengthening, on maternal mortality due to post-partum haemorrhage and sepsis in Sub-Saharan Africa: an equity-effectiveness model. The Lancet. 2009 Oct 24; 374(9699):1441-8.