South Sudan Integrated Service Delivery Program

Preventing Bleeding After Child Birth through CHVs

Experience of Yambio County Western Equatoria State (WES), South Sudan

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OUTLINE OF PRESENTATION:

- Background
- Description PPH intervention
- Results
- Discussion/Conclusion
SS has high rates of neonatal, under-five and maternal mortality (RSS 2011) in context ongoing insecurity and conflict.

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<td><strong>Highest MMR</strong></td>
<td>2,054 deaths per 100,000 live births</td>
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<td><strong>Neonatal Mortality</strong></td>
<td>35 deaths per 1,000 live births</td>
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<td><strong>Under-five mortality</strong></td>
<td>102 deaths per 1,000 live births</td>
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<td><strong>HF based delivery</strong></td>
<td>11.5% (SHHHS 2006)</td>
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**Western Equatoria State**

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<td><strong>MMR</strong></td>
<td>2,327 deaths per 100,000 live births</td>
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<tr>
<td><strong>Under-five mortality</strong></td>
<td>130 per 1000 live births</td>
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Intervention: Prevention Post Partu Hemorrhage (PPH) Program

- World Vision SS rolled out a prevention of PPH program using community health volunteers (CHVs)

Objective:
- Prevent deaths due to severe bleeding after childbirth for mothers giving birth at home
- The program is supported by USAID through Jhpiego/MCHIP
- Program implemented from July 2014 – March 2015
- CHVs received training on advance distribution of misoprostol at 32 weeks gestation (8 months pregnancy) for self administration
Strategies for Prevention of PPH

**PREVENTION OF PPH**

**Counseling and Misoprostol Distribution at home by HHP**
- Home visit
- Education Session on PPH and Misoprostol
- Advanced distribution of misoprostol

**Counseling and Misoprostol Distribution at ANC**
- ANC Visit
- Education Session on PPH and Misoprostol
- Advanced distribution of misoprostol

**AMTSL (with oxytocin or misoprostol) at a health facility**
PPH AWARENESS & LINKAGES

- PPH roll out program awareness meeting with community leaders/VHCs and members
- Linking the community with the health facilities
- 72 CHVs were selected and trained for 4 days
- 4 days training using standard package - interactive sessions, role plays, group work and 1 day practice in the community
Program Achievements July 2014 – March 2015

PPH Program Performance
July 2014 - March 2015

- Counseling
- MISO at 8 months
- Home delivery and took MISO
- Bazungua delivery by SBA

Services
July - Sept
Oct - Dec
Jan - March
Total July - March
Discussion:

- High coverage of women taking misoprostol at home births
- Health Facility deliveries
- The program involved communities at all levels including selection of CHVs
- Training of CHVs both classroom and community sessions
- Linking CHVs and the Health Facilities
- Home visits for counseling of pregnant women and educating their families on PPH clearly
- Monthly meeting with CHVs and reporting
Coverage of births with a uterotonic at home was higher than HF deliveries given that home deliveries is still high in the area.

Despite that women were encouraged to deliver in HFs during the counseling sessions.

This program demonstrates high coverage and effectiveness of Misoprostol (uterotonic).
Discussion:

- Women and their families clearly understood that protecting themselves from PPH using misoprostol was a ‘Plan B’ for those unable to reach a SBA.
- The program provides strong evidence that misoprostol has significant potential to reduce severe bleeding after delivery in low-resource settings.
Challenges /Lessons learned

• Transport to facilitate Home visits for CHVs (Walk long distance of > 5 kms)

• Limited space to keep more mothers giving birth in HF after delivery (Bazungua)

• Long rains/bad roads affects program implementation

Lesson Learnt

• Involvement of Communities get the buy and brings about ownership to the PPH program

• High demand of the program to non intervention communities
Conclusion

The program demonstrates that CHVs can effectively distribute misoprostol to prevent PPH in a setting of extremely high need and very low access to HFs.
Thank You