



USAID
FROM THE AMERICAN PEOPLE



SOUTH SUDAN: POSTPARTUM HEMORRHAGE PREVENTION THROUGH ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR & MISOPROSTOL AT HOME BIRTH



Maternal Mortality Ratio	2054/100,000 live births
Antenatal Care Coverage	40.3%
Institutional Deliveries	11.5%

Project Description

The postpartum hemorrhage (PPH) prevention project is being implemented in two counties of South Sudan, Mundri East and Mvolo, by the Ministry of Health, with technical support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP). Other in-country partners include Save the Children and Mundri Relief and Development Association (MRDA) for implementation and Venture Strategies Innovations (VSI) for supplying and registering Misoprostol in the country. The project includes a phased approach for the distribution of misoprostol and the facility level training for health providers. The first phase is the learning phase, wherein certain implementation questions will be answered, followed by an expansion phase based on lessons learned.

Key Activities:

- Strengthening capacity of Home Health Promoters (HHPs) - the Community Health Workers in South Sudan- to provide counseling on: birth preparedness and complication readiness; referral of pregnant women for antenatal care; counseling and distribution of Misoprostol for self-administration by women at the time of birth.
- Strengthening capacity Skilled Birth Attendants in provision of active management of the third stage of labor (AMTSL) as part of clean and safe delivery at health facility level.
- Primary intervention: Improving training, strengthening supportive supervision, and supporting health information systems .

Misoprostol Distribution Mechanism:

- The intervention includes activities at the health facility level through antenatal care distribution and community based distribution by HHPs.

Misoprostol Administration Mechanism:

- Self-administration.
- Health Worker administered in cases where Oxytocin is not available.

Source of Commodity:

Misoprostol is being supplied in-country by VSI for the implementation of the learning phase. MCHIP will work with the Ministry of Health and UNFPA to ensure ongoing availability of misoprostol through the learning and expansion phase.

Start Date of Intervention 1 SEPT 2012

Background Information & Targets

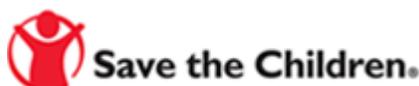
	Numbers
Total population	105,396
Estimated pregnant women (6 months)	1,660
# health facilities	
Referral hospitals	1
First level hospitals	6
Health centers	18
# health workers, by cadre	
Doctors, Midwives & Nurses	50
Home Health Promoters	257
# health workers, by function	
Attend deliveries	40
ANC & Miso distribution	50
Community level counseling and distribution	257



Progress to Date:

30 OCT 2012

Items	Number
Training	
Number of eligible HHPs in intervention areas	257
Number of HHP trained on BPCR and Misoprostol distribution package	125
Number of eligible Health Facility Staff in intervention areas	50
Number of Health Workers trained in AMTSL	36
Health workers trained on BPCR and Misoprostol distribution package	46
Service Delivery	
Number of pregnant women who received misoprostol in the study area	218
At home by HHP (CHW)	186
At ANC by Health Care Provider	32
Women with home births who received misoprostol and ingest misoprostol	165
Number of women with vaginal births, at facility, and received a uterotonic	150
Number of women who ingest misoprostol and experienced side effects	147



MRDA

