



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

ACTIVITY IMPLEMENTATION FRAMEWORK TO ACCELERATE REDUCTION OF MATERNAL MORTALITY DUE TO POSTPARTUM HAEMORRHAGE FY 2020/2021

**Reproductive and Infant
Health Division**

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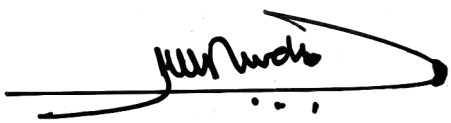
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Uganda has an unacceptably high maternal mortality with a ratio of 336 deaths per 100,000 live births (UDHS 2016). This translates into approximately 6,000 mothers dying from pregnancy related causes, every year. Majority of these deaths occur during or shortly after delivery and most could be averted or prevented. According to the National Annual Maternal and Perinatal Death Surveillance and Response (MPDSR) report for Uganda 2018/2019, postpartum haemorrhage (PPH) was the leading cause of institutional maternal mortality, contributing to 39% of all maternal deaths. Lack of blood products, medicines and other consumables were identified as major underlying but avoidable factors. The issue of PPH must be addressed seriously and urgently in order to achieve a remarkable reduction in maternal mortality in Uganda.

Severe bleeding is the single major cause of maternal deaths worldwide and in Uganda. More than half of all maternal deaths occur within 24 hours of delivery, mostly from excessive bleeding. Every pregnant woman may face life threatening blood loss at the time of delivery. To this effect, every pregnant woman needs to be closely observed and, if needed, stabilized during the immediate postpartum period using the recommended guidelines and protocols for prevention and management of PPH.

The Ministry of Health (MOH) has developed an Activity Framework that aims at accelerating reduction of maternal morbidity and mortality due to PPH. This Framework is an addendum to existing national guidelines and tools, but with a lens of accelerating implementation. The Framework is informed by current global knowledge and evidence-based high impact interventions for prevention and management of PPH. The MOH will monitor implementation of the Framework and provide ongoing updates to all stakeholders, on a regular basis.

I therefore call upon all key stakeholders at various levels of program implementation and service delivery, including Development and Implementing Partners and relevant training institutions, to support quick dissemination and implementation of this Activity Framework.



Dr. Henry G. Mwebesa

Director General Health Services
Ministry of Health

To adequately address various factors that continue to the high maternal mortality, there is need for the health system to make available effective policies, guidelines and related tools for effectively supporting delivery of quality services, and thus optimizing outcomes for women and Newborns. This will not only facilitate attainment of SDG indicators but will overly improve maternal and neonatal health experiences within health facilities.

The Ministry of Health's interventions aimed at reducing maternal mortality, including the Maternal Perinatal Death Surveillance and Response (MPDSR), Basic and Comprehensive Emergency Obstetric and Newborn Care (B/CEmONC) and Postnatal Care (PNC), will immensely benefit from complimentary and ongoing guidance of the National Safe-motherhood Expert Committee (NASMEC) that is comprised of a range of Professional Champions for maternal health. The NASMEC intends to, on a continual basis, provide technical assistance to the MOH to keep up to date with standards for service delivery, as well as support processes for implementation of the Ministry's evidence-based, high-impact interventions at all levels of the health system. The NASMEC will play a critical role in promoting a well-coordinated and strong approach that is required to adequately leverage the limited health work force in the country by supplementing, not only through the cascading of maternal health guidelines and tools to all levels of the health system, but also strengthening service provider skills through targeted training and mentoring to improve access to quality safe-motherhood services in Uganda.

The NASMEC will closely work and coordinate with other committees under the Reproductive and Child health Department to provide ongoing technical support to the Maternal and Child Health Technical Working Group in advancing solutions to address implementation gaps in safe motherhood programs through: review and development of national service delivery standards, guidelines and protocol; providing evidence-based guidance for reproductive maternal and newborn health through academic research and knowledge management approaches; and supporting maternal newborn and reproductive health quality improvement (QI) initiatives at various levels, including facilitating learning networks across regions and training institutions.

The Ministry of Health, thus, appreciates all individuals that participated in the development of the National Activity Framework to Accelerate Reduction of Maternal Mortality due to Post-Partum Hemorrhage. I look forward to ongoing updates on progress of implementation and a progressively declining trend for maternal deaths in the country.



Dr. Olaro Charles

Director Clinical Services

Ministry of Health

Acknowledgements

Development of the Activity Implementation Framework to Accelerate Reduction of Maternal Mortality due to Postpartum Hemorrhage has been a concerted effort from members of the National Safe-Motherhood Expert Committee (NASMEC) that provided invaluable technical support to the Ministry of Health. Thank you to Makerere University College of Health Sciences, Department of Obstetrics and Gynecology; USAID Maternal Child Health and Nutrition (USAID MCHN) Activity/ FHI360; USAID; WHO Country Office; UNICEF; JHPIEGO; UNFPA; UUKHA; Mulago Specialized Women and Neonatal Hospital; USAID-RHITES Activities; Mbarara University Department of Obstetrics and Gynecology; Gulu University Department of Obstetrics and Gynecology; Mbale University Department of Obstetrics and Gynecology; CHAI; WHRI; PSIU; PATH; RCRA; WACI-Health and other Reproductive Health partners who contributed to the development of this Activity framework.

I would also like to extend gratitude to the Commissioner Reproductive and Child Health services; Dr. Jesca Nsungwa, Assistant Commissioner Health Services; Dr. Makanga Livingstone, Dr. Sam Ononge, Prof. Josaphat Byamugisha, Prof. Annetee Nakimuli, Dr. John Paul Bagala, Dr. Nathan Tumwesigye and Dr. Robert Mutumba for the overall leadership during the development of the Framework.

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Dr. Livingstone. K. Makanga.

**Assistant Commissioner Health Services, Reproductive and Infant Health
Ministry of Health**

The sustainable development goal 3 is aimed at ensuring healthy lives and promote well-being for all at all ages and SDG 3.1 targets to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030. About 303,000 women globally die due to complications of pregnancy and childbirth and yet majority of these deaths are preventable with appropriate management and care. Currently, Uganda has unacceptably high maternal mortality with a ratio of 336 deaths per 100,000 live births (UDHS 2016). This translates to about 6,000 mothers dying every year due to pregnancy related causes. According to the National Annual Maternal and Perinatal Death Surveillance and Response (MPDSR) report 2018/2019, postpartum haemorrhage (PPH) was the leading cause, contributing to 39% of institutional maternal mortality. Lack of blood products, medicines and other consumables were identified as underlying major but avoidable factors. In addition, delay of the woman seeking care was also a key factor.

Postpartum Haemorrhage is defined as blood loss of 500mls or more in a vaginal birth or 1,000mls or more in a caesarean section that occurs within the 24 hours of childbirth or any bleeding that makes the woman's condition deteriorate. Majority of women who get PPH have no identifiable risk factors. However, literature shows that grand-multiparity, antepartum haemorrhage, prolonged labour, multiple pregnancy and caesarean section are associated with increased risk of bleeding. In addition, PPH can be aggravated by pre-existing anaemia - any little bleeding may potentially result in undesired maternal outcomes. Up to 27% of women deliver under the care of unskilled birth attendants - when complications occur in such cases, they are not easily recognised for timely and appropriate interventions to be undertaken. This is worsened by lack of readily available transport services, leading to delay in accessing care.

The National Safe-motherhood Expert Committee aims to contribute towards addressing key gaps in reducing maternal mortality due to PPH, using a systems approach along the continuum of care of a pregnant woman. The Committee's work, as part of Ministry of Health structures and efforts, will build on/scale up and accelerate implementation of approaches and high impact interventions/practices to prevent and manage PPH both at community and healthcare facility level. This work, led by the MOH, will be implemented in a collaborative way, involving several stakeholders at national and subnational level. Implementation driven by the Activity Implementation Framework to Accelerate Reduction of Maternal Mortality due to Postpartum Hemorrhage, that has been designed to (i) harness efforts and address gaps in availability of up-to-date clinical decision-making tools at service delivery level; (ii) address gaps in health care service provider competences;

(iii) increase positive health seeking behaviour among women/families; (iv) advocate for and increase availability of essential commodities relevant in the prevention and management of postpartum haemorrhage; and(v) mobilise sufficient blood and ensure its appropriate use. A detailed description of activities and outputs from these interventions is shown in the intervention framework table, below.

The initial acceleration phase will cover a period of 12 months, from July 2020 – June 2021. During this period, quarterly tracking of progress will be made, learnings actively harvested and documented and adaptation in implementation made as informed by the learnings.

Goal

To accelerate implementation of high-impact interventions for reducing maternal mortality due to Postpartum Haemorrhage

Strategic objectives

1. To effectively rollout clinical guidelines, protocols and job aides for prevention and management of Postpartum Haemorrhage
2. To strengthen the knowledge and skills of front-line health care workers in prevention and management of Postpartum Haemorrhage
3. To strengthen availability and accessibility of essential commodities relevant in prevention and management of Postpartum Haemorrhage
4. To promote and support appropriate health seeking behaviours among pregnant women and their families
5. To strengthen the availability and appropriate use of blood and blood products in management of Postpartum Haemorrhage

Interventions Framework

STRATEGIC OBJECTIVE	INTERVENTION AREA ALONG THE CONTINUUM OF SERVICES	ACTIVITIES	EXPECTED OUTPUT	IMPLEMENTATION TARGETS	TIME FRAME	RESPONSIBLE COORDINATION STEWARD	POTENTIAL SUPPORTING PARTNERS
To effectively rollout clinical guidelines, protocols and job aids for prevention and management of postpartum haemorrhage	Antenatal care	Rollout an up-to-date version of the <i>Goal Oriented Antenatal Care</i> protocol (including integration of Nutrition, Malaria in Pregnancy, Ferrous/Folic acid supplementation and Deworming components) – hard and electronic copies, at national, district and facility level	<i>Goal Oriented ANC</i> protocol printed and disseminated at national and sub-national levels (to all healthcare facilities providing ANC services) through district and facility-level Continuing Medical Education (CME) sessions and targeted mentorships and national/regional level Webinars	Up-to-date <i>Goal Oriented ANC</i> protocols available and in use at 90% of healthcare facilities providing ANC services	July to December 2020: Complete rollout (including site-level orientations)	Dr. Mutumba Robert	CLINTON HEALTH ACCESS INITIATIVE (CHAI) JHPIEGO RWENZORI CENTER FOR RESEARCH AND ADVOCACY (RCRA) UNFPA & PARTNERS UNICEF & PARTNERS
	Labour, delivery & Immediate postpartum period	Take stock of and update guidelines, SOPs, job-aids and related tools for prevention and management of PPH	Inventory/ report on the status of guidelines, SOPs, job-aids and related tools for prevention and management of PPH generated	Report on inventory of guidelines, SOPs, job-aids and related tools for prevention and management of PPH availed to expert working SUB-committees and other actors			

	Strengthen/update the guidelines, SOPs, job-aids and related tools to include heat-stable Carbetocin and tranexamic acid and other proven clinical practices for management of PPH	Heat-stable Carbetocin, Tranexamic Acid (TXA) and other proven clinical practices included in the PPH prevention and management clinical guidelines	Revised guidelines, SOPs, job-aids and related tools with Heat-stable Carbetocin and TXA and other proven clinical practices produced presented to the MCH and Medicines & pharmaceutical TWG and SMC for approval	November 30, 2020	Dr. Sam Ononge	WACI Health WHO WORLD BANK/URMCHIP WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)
	Rollout (print and disseminate) updated guidelines, SOPs, job-aides and related tools for prevention and management of PPH	Updated guidelines, SOPs, job-aides and related tools on prevention and management of PPH rolled out at national and subnational level (printed and disseminated) through CMEs, webinars, and facility-level orientations	Revised guidelines, SOPs, job-aides and related tools with heat-stable Carbetocin and TXA and other proven clinical practices available and in use by managers and service providers at 100% of districts and 90% of healthcare facilities providing delivery services			
	Print and disseminate inter-facility/inter-district commodity distribution guidelines/SOPs and related tools to anticipate for and manage stock-outs and overstocks to all districts and facilities	Guidelines for inter-district and inter-facility commodity transfer printed and disseminated	Guidelines for inter-district and inter-facility commodity transfer available at 100% of districts and healthcare facilities providing Delivery services	August 2020 to December 2020	Eric Jemera	
	Print and disseminate the MOH Essential medicines and	The Essential Medicines and Supplies manual printed and disseminated	The Essential Medicines and Supplies manual available at and in use by 100% districts and healthcare			

	supplies manual to all districts and healthcare facilities		facilities providing MNCH services		
	Develop an online soft-ware Application (<i>Safe Mama App</i>) to support rollout and use of guidelines, SOPs, job-aids and related tools for prevention and management of PPH (uploads to include Goal Oriented ANC Protocol) Rollout online training on the use of safe Mama app	An online <i>Safe Mama</i> App with PPH prevention and management guidelines, SOPs, job-aides and related tools developed and rolled out Online trainings on use of Safe Mama app	Online <i>Safe Mama</i> App available to and in use by 100% of districts with the highest mortality due to PPH		Dr. JP Bagala
	Update, print and disseminate SOPs on the use of blood in obstetrics Assess functionality of CeMONC facilities to provide blood transfusion services Support CeMONC facilities to provide blood transfusion services	Updated SOPs on use of blood in obstetrics printed and disseminated to all levels of the healthcare system Report on status of CeMONC facilities on provision of blood transfusion services Clinical blood transfusion services provided at CeMONC facilities	Updated SOPs on use of blood in obstetrics available to and in use by 100% districts and facilities providing Delivery services. 100% of CeMONC facilities assessed on provision of blood transfusion services 75% of the CeMONC facilities provide clinical blood transfusion services		Dr. Dorothy Kyeyune

		Training key operational health providers on clinical blood transfusion services delivery	Key health providers trained, with knowledge and skills in clinical blood transfusion services delivery	75% of the CeMONC facilities provide clinical blood transfusion services			
		Provide logistical support to the national and regional blood banks to conduct blood donation drives	National and Regional blood banks have adequate support to organise blood donation drives	Adequate units of blood and blood products available at the national and regional blood banks			
To strengthen knowledge and skills of front-line health care workers in prevention and management of postpartum haemorrhage	Antenatal care	Conduct onsite orientations for service providers on assessment, prevention and management of the anaemia in pregnancy (combined with Goal Oriented ANC)	Onsite orientations through CMEs on assessment, prevention and management of Anaemia in pregnancy conducted in all Health facilities providing ANC	90% of healthcare facilities oriented on and familiar with protocol on assessment, prevention and management of Anaemia in pregnancy and childbirth	October 2020 to December 2020	Dr Jane Nabakooza Dr Thomas Ngabirano	BABIES AND MOTHERS ALIVE (BAMA) PROGRAM BUSITEMA UNIVERSITY DEPT. OF OBS/GYN CHAI GULU UNIVERSITY DEPT. OF OBS/GYN JHPIEGO MAKERERE UNIVERSITY DEPT. OF OBS/GYN
	Labour, delivery and Immediate postpartum period	Quickly develop/update a package of BEmONC training and mentoring materials	Package of BEmONC training and mentoring materials rolled out at national level and sub-national level	100% districts have access to national BEmONC training and mentoring package /materials	July 2020 to December 2020	Dr. Robert Mutumba Dr Dan Murokora	MBARARA UNIVERSITY DEPT. OF OBS/GYN
		Disseminate the BEmONC packages and conduct facility-based training and mentorship of health workers to enhance	BEmONC facility-based training and mentorship of MCH teams conducted across whole country	75% of healthcare facilities providing Delivery services trained and mentored on BEmONC		Dr. Kazibwe Lawrence Dr Arwinyo Baifa Dr. Milton	AOGU PSIU RCRA

		their BEmONC skills (including virtual learning sessions and videos) to national and sub-national levels				Musaba	USAID MAPD ACTIVITY
		Rollout facility-based trainings and mentorships in Essential Operative Obstetrics (ETOO) to CEmONC designated facilities (including dissemination of virtual ETOO learning videos)	Facility-based trainings and mentorship in ETOO conducted	75% of all CeMONC covered in ETOO	October 2020 to March 2021	Dr. Wasswa Salongo	USAID MCHN ACTIVITY
		Piloting of PPH-care bundle in the management of PPH	Facility-based trainings in PPH-Care bundle	100% of all NRRH		Dr. Sarah Nakubulwa	USAID RHITES ACTIVITIES
						Dr. Othiniel Musana	UNICEF & PARTERS
						Dr. Jolly Beyeza	UNFPA & PARTNERS
						Dr. Priscilla Busingye	WHO
							WORLD BANK/URMCHIP
							WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)
To strengthen availability and accessibility of essential commodities relevant in prevention and management	Antenatal care	Develop and rollout a tool for monthly tracking of availability of ANC commodities for prevention of anaemia in Pregnancy (Iron, folic acid, Fansidar, LLINs) to district level	Tool for tracking stock status of Iron, folic acid, Fansidar, LLINs rolled out to and utilized by district and facilities on a monthly basis to manage stocks, in partnership with central warehouses	100% of districts and facilities that offer ANC services routinely use tool and data for stock status of Iron, folic acid, Fansidar, and LLINs, and corrective actions to address gaps identified on a monthly basis	July to December 2020	Dr Robert Mutumba	MARIE STOPES
						Mr. Eric Jemera	POPULATION SERVICES INTERNATIONAL UGANDA (PSIU)
						Mr. Jakira Ambrose	RCRA
							UNFPA
							UNICEF

of postpartum haemorrhage		Identify key supply chain gaps at national and district level and design corrective actions to restore timely and equitable distribution of ANC commodities	Corrective actions to address supply chain gaps for Iron, Folic acid, Fansidar and LLINs rollout to district and facility level				USAID RHITES ACTIVITIES USAID STRENGTHENING SUPPLY CHAIN SYSTEMS (SSCS) ACTIVITY
		Advocate for availability of Iron and Folic acid on the NMS HVL (non-credit-line list of essential medicines)	Proposal and justification for inclusion of Folic acid and Iron on the NMS HVL drafted	Approval of the proposal to include iron and folic acid on NMS HVL			USAID MCHN ACTIVITY WHO
	Labour, delivery Intermediate postpartum period	Develop and rollout a tool for weekly tracking of availability of essential PPH commodities at district and healthcare facilities level	Facility stock status tools and reports used on a weekly basis by districts and facilities to track and manage stocks including re-distributions and emergency orders from central warehouses	75% of districts and respective healthcare facilities that conduct deliveries generate and use weekly commodity status data	August 2020 to June 2021	Dr. Robert Mutumba Dr. Sam Ononge Mr. Jakira Ambrose Mr. Eric Jemera	CHAI
							JHPIEGO
							MARIE STOPES
	Complete process for inclusion of heat-stable Carbetocin and TXA on commodity order form	Heat-stable Carbetocin and TXA on order form	100% of districts and facilities that conduct Deliveries place accurate and on-time orders / and submit accurate consumption reports for Tranexamic acid and heat-stable Carbetocin			PSIU RCRA UNFPA UNICEF USAID RHITES ACTIVITIES	

							USAID STRENGTHENING SUPPLY CHAIN SYSTEMS (SSCS) ACTIVITY USAID MCHN ACTIVITY WHO WORLD BANK/URMCHIP WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)
To promote and support appropriate health seeking behaviours among pregnant women and their families	Antenatal care, Labour, delivery Immediate postpartum period	Develop and disseminate simple messages and IEC materials on birth preparedness and complication readiness to facilities providing ANC	Birth preparedness messages developed, approved, printed and disseminated to healthcare facilities providing ANC across whole country	100% birth proportion message coverage for all health facilities that provide ANC services	July 2020 to December 2020	Dr Robert Mutumba Dr. Joseph Kabanda Ms. Shamillah Nsasiirwe	CHAI JHPIEGO MARIE STOPES PSIU RCRA
		Conduct monthly radio talk/TV shows on birth preparedness and complication readiness	Monthly radio/TV talk shows conducted on birth preparedness and complication readiness disseminated to whole country	80% national coverage (sub-counties) for birth preparedness radio and TV messages	July 2020 to June 2021	Ms. Melissa Cederqvist Mr Emmanuel Kayongo	UNFPA UNICEF USAID RHITES ACTIVITIES USAID MCHN ACTIVITY
		Build capacity of health facilities to access and use data from family connect	Train health facilities on how to use data from Family connect to	Proportion of facilities covered with training on use of family connect and			USAID STRENGTHENING SUPPLY CHAIN

		and iHRIS community health worker register to support identification and follow up of mothers	identify mothers at risk of PPH	IHRIS community health workers register			SYSTEMS (SSCS) ACTIVITY USAID SOCIAL BEHAVIOR CHANGE ACTIVITY (USAID SBA) WHO WORLD BANK/URMCHIP WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)
Implement targeted implementation on science or short operational research studies to generate evidence to inform policy and clinical practice	Antenatal care Labour, delivery and immediate postpartum period	Conduct facility assessments on availability and use of clinical guidelines, protocols, SOPs and supply chain tools	Facility assessment reports on availability and use of clinical guidelines, protocols, SOPs and supply chain tools developed	Reports on the availability and use of Clinical Guidelines, protocols, SOPs and Supply Chain Tools disseminated to inform planning	April 2020 to June 2021	Prof. Josaphat Byamugisha Dr. Robert Mutumba	BABIES AND MOTHERS ALIVE (BAMA) PROGRAM BUSITEMA UNIVERSITY DEPT. OF OBS/GYN
		Conduct implementation science and ongoing After-Action Reviews (AARs) on operationalization of the PPH framework, covering the various strategic objectives	Implementation successes and bottlenecks documented and shared at national and subnational; adjustments in design of various intervention processes and methods made	Knowledge generated from implementation science and AARs disseminated for shared learning and course correction every quarter	September 2020 to June 2021	Dr. Sam Ononge Mr. Jakira / Jamera Dr. JP Bagala Dr. Rugobe Dr. Arwinyo Baifa	CHAI GULU UNIVERSITY DEPT. OF OBS/GYN JHPIEGO MAKERERE UNIVERSITY DEPT. OF OBS/GYN
		Harvest and disseminate results of ongoing USAID RHITES-EC work on Iron and Folic Acid Supplementation (IFAS) in pregnancy					Dr. Milton Musaba

		Design targeted OR studies to provide answers to knowledge gap areas identified during the implementation process					USAID MCHN ACTIVITY USAID RHITES ACTIVITIES USAID SBA UNICEF & PARTERS UNFPA & PARTNERS WHO WORLD BANK/URMCHIP WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)
To Identify, document and promote scale up of successful PPH prevention and management practices		Establish collaborative learning networks at regional and national level to scale up existing standards for of good practice and routinely harvest knowledge and learnings on PPH prevention and management	Harvests for knowledge and learnings conducted quarterly	Monthly webinars to disseminate and share learnings	July 2020 to June 2021	Prof. Nakimuli Dr. JP Bagala	MAKERERE UNIVERSITY DEPT. OF OBS/GYN USAID MCHN ACTIVITY WOMEN'S HEALTH RESEARCH INSTITUTE (WHRI)

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