



Prevention of Postpartum Hemorrhage Initiative (POPPHI) Project Semi-annual Report

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Prevention of Postpartum Hemorrhage Initiative (POPPHI) Project

Semi-annual Report

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Abbreviations—English

ACCESS	Access to Clinical and Community Maternal, Neonatal, and Women’s Health Services
AGOG	Asociación de Ginecología y Obstetrica de Guatemala [Guatemala Association of Gynecology and Obstetrics]
AIDS	Acquired Immunodeficiency Syndrome
AMTSL	active management of third stage of labor
ANC	antenatal care
ASFM	Association of Mali Midwives
Axxess	USAID bilateral project in Democratic Republic of Congo
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
BCO	Bangladesh Country Office
BIOL	Instituto Biologico Argentino
BJOG	British Journal of Obstetrics and Gynaecology
BMNC	basic maternal and newborn care
BNA	Bangladesh Nursing Association
BPP	Birth Preparedness Plan
BRAC	development organization founded by Dr. Fazle Hasan Abed in 1972
CA	Co-operating Agency
CAMBIO	name of Argentina Study: <u>C</u> hanging <u>A</u> MTSL <u>B</u> ehaviors <u>i</u> n <u>O</u> bstetrics
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CB	community-based
CCT	controlled cord traction
CD-ROM	compact disc-read only memory
CHO	Community Health Nurses/Officers
CHPS	Community Based Health Planning and Services
CHPS–TA	Community Based Health Planning and Services–Technical Assistance project
CMW	community midwives
COMIN	Central American OB/GYN Association
CONECTA	USAID funded project in Dominican Republic, focused in the areas of HIV/AIDS, tuberculosis, reproductive health, immunization, and community water systems
CRP	Complication Readiness Plan
CSBA	community skilled birth attendants
COTR	Cognizant Officer’s Technical Representative (USAID)
DGFP	Directorate General of Family Planning
DGHS	Director General of Health Services
DPM	Division for Pharmaceuticals and Medications
DRC	Democratic Republic of Congo
DSR	Reproductive Health Division (Malian National Health Department)
ECSA	East, Central, Southern, Africa Health Community, Family, and Reproductive Health Programme
EH	EngenderHealth
EML	Essential Medicine List
EOI	Expression of Interest
EONC	emergency obstetric and newborn care
ESD	Extending Service Delivery
FDA	Food and Drug Administration
FIGO	International Federation of Gynecology and Obstetrics

FITF	First Intervention Task Force
FWA	family welfare assistants
FWV	family welfare visitors
GH	global health
GHS	Ghana Health Services
GOB	Government of Bangladesh
GRMA	Ghana Registered Midwives Association
GYN	gynecology
HA	health assistant
HCI	Healthcare Improvement Project
HealthTech	HealthTech IV Cooperative Agreement
HF	Health Facility
HIDN	Office of Health, Infectious Diseases, and Nutrition (USAID)
HIP	Health Improvement Project
HIV	human immunodeficiency virus
HMIS	health management information system
HRU	Health Research Unit
HSP	Health Systems Project
HSSP	Health Services Support Project
IBI	Indonesian Midwives Association
ICDDR	International Center for Diarrhoeal Disease Research Bangladesh
ICM	International Confederation of Midwives
ICMR	India Council of Medical Research
IFGO	International Federation of Gynecology and Obstetrics
IHI	IntraHealth International, Inc.
IM	intramuscular
IOM	International Organization on Migration
IP	Implementing Partner; Infection Prevention
IRB	Institutional Review Board
IU	international unit
IV	intravenous
IYCN	Infant and Young Child Nutrition
JHPIEGO	international non-profit health organization affiliated with Johns Hopkins University
JNPK	Indonesia's National Clinical Training Network
JPMC	Jinnah Post Graduate Medical Centre (Karachi, Pakistan)
JSI	John Snow Inc.
KATH	Komfe Anoché Teaching Hospital
KBTH	Korle Bu Teaching Hospital
LAC	Latin American and Caribbean
LDC	Less Developed Country
LGA	Local government authorities
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MCHIP	Maternal Child Health Integrated Program
MIHP	Mother and Infant Health Project
MIS	management information systems
MMR	maternal mortality
MNCH	Maternal, Nutrition, and Child Health
MNTI	Maternal and Newborn Health Technology Initiative
MOH	Ministry of Health

MPS	Making Pregnancy Safer – Division of WHO
MSH	Management Sciences for Health
MW	midwives
NA	not applicable
NGO	non-governmental organization
NHS	National Health Services
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NPOA	National Plan of Action
NSDP	National Service Delivery Program (Bangladesh)
OB	obstetrics/obstetrician
OB/GYN	obstetrician/gynecologist
OGSB	Obstetrical and Gynecological Society of Bangladesh
OP	Operational Plan
PAHO	Pan American Health Organization
PAIMAN	Pakistan Initiative for Mothers and Newborns
PMP	Performance Management Plan
PMSTL	physiologic management of the third stage of labor
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PONED	Basic emergency obstetric and neonatal care (training in Indonesia)
PPH	Postpartum Hemorrhage
PPPH	Prevention of Postpartum Hemorrhage
PROMISE	PRoMoting Maternal and Infant Survival and Excellence
PSTC	Population Services and Training Center
PVO	private voluntary organizations
QAP	Quality Assurance Project
QHP	Quality Health Partners
RACHA	Reproductive and Child Health Alliance
RH	reproductive health
RMD	Regional Medical Director
RPM Plus	Rational Pharmaceutical Management Plus
RTM	Research Training and Management (RTM) International
SAIN	site and individual training strategy
SBA	skilled birth attendant
SM	Safe Motherhood
SOGOG	Society of Obstetricians and Gynaecologists of Ghana
SOMAGO	Malian Society of Obstetricians and Gynecologists
SPL	self-paced learning
SPS	Strengthening Pharmaceutical Systems
STG	standard treatment guidelines
TA	technical assistance
TAG	Technical Advisory Group
TBA	traditional birth attendant
TF	Task Force
TOT	training of trainers
TTI	time-temperature indicators
UC	University of California
UDD	Uterotonic Drugs and Devices
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
URC	University Research Company

US United States
USAID U.S. Agency for International Development
WG working group
WHO World Health Organization

Abbreviations—French

AQ	Accoucheur qualifié
ASACO	Association de Santé Communautaire
ASFB	Association des Sages-Femmes du Bénin
ASFM	Association des Sages Femmes du Mali
AT	Accoucheuse traditionnelle
ATN	Assistance Technique Nationale (Project of Abt Associates)
CAME	Direction de la Centrale d'Achat de Médicaments Essentiels
CCC	Communication pour le changement du comportement
CCT	controlled cord traction
CIVD	Coagulopathie intravasculaire disséminée
CMM	Consommation moyenne mensuelle
CNOSFM	Conseil National de l'Ordre de Sages Femmes du Mali
CNS	Consultation des nourrissons sains
COMIN	Central American OB/GYN Association
CPM	Chef de poste médical
CPN	Consultation Prénatale
CSCom	Centre de santé communautaire
CSRéf	Centre de santé de référence
DHN	désinfection de haut niveau
DNS	Direction Nationale de la Santé
DPM	Direction de la Pharmacie et du Médicament/ Division for Pharmaceuticals and Medications
DRC	Dépôt Répartiteur de Cercle
DRS	Direction Régional de la Santé
DSF	Direction de la Santé Familiale
DSR	Division Santé de la Reproduction/ Reproductive Health Division (Malian National Health Department)
EOI	Expression of Interest
FELASCOM	Fédération Locale des Associations de Santé Communautaire
FENASCOM	Fédération Nationale des Associations de Santé Communautaire
FIGO	Fédération internationale de gynécologie et d'obstétrique
FITF	First Intervention Task Force
GATPA	Gestion Active de la Troisième Phase d'Accouchement
IBI	Indonesian Midwives Association
ICMR	India Council of Medical Research
IM	Intramusculaire
IOM	International Organization on Migration
IV	Intraveineuse
MS	Ministère de la santé
NPOA	National Plan of Action
OB/GYN	obstetrics/gynecology
OMS	Organisation Mondiale de la Santé
PHPP	Prévention de l'hémorragie du postpartum
PI	Prévention des infections
PISAF	Projet Intégré de Santé Familiale
PKC	Projet Keneya Ciwara (Project of Care International)
PMM	Prévention de la Mortalité Maternelle
POPPHI	Initiative pour la Prévention de l'Hémorragie du Postpartum

PPM	Pharmacie Populaire du Mali
PTME	Prévention de la transmission mère-enfant du VIH/SIDA
RH	reproductive health
SIDA	Le syndrome de L'immunodéficience acquise
SOMAGO	Société Malienne de gynécologie et d'obstétrique/ Malian Society of Obstetricians and Gynecologists
SONU	Soins obstétricaux et néonataux d'urgence
SPL	self-paced learning
TCC	Traction contrôlée du cordon
TME	Transmission mère-enfant du VIH/SIDA
TPA	Troisième période de l'accouchement
TTI	Indicateur temps-température
UI	Unité internationale
VIH	Virus d'Immuno-Deficiency Humaine

1. Progress

1.1 Summary of Activities and Achievements

The Prevention of Postpartum Hemorrhage Initiative (POPPHI) project continues its strong global leadership role in postpartum hemorrhage (PPH) prevention and early treatment during this reporting period (February 1–July 31, 2009) and has made dramatic strides in its work in the Latin America and Caribbean (LAC) region, Mali, and Ghana. POPPHI has again met or exceeded all of its targets for this reporting period. A summary table of performance is included in *Exhibit 1*. Highlights for this reporting period include:

- The oxytocin in Uniject™ pilot in Guatemala is underway after receiving approval from the PATH and Guatemalan ethics review committees. The first training for the oxytocin in Uniject™ pilot in Guatemala was conducted from July 21–23, 2009. The Honduran Secretariat of Health changed the indicator for active management of the third stage of labor (AMTSL) to include all three components of AMTSL.
- The Changing AMTSL Behaviors in Obstetrics (CAMBIO) intervention was initiated in Ghana and has received outstanding reviews from participants and Argentinean consultant facilitators. The motivation and enthusiasm of the staff of the two main teaching hospitals was well received during the initiation of this intervention in their hospitals. If successful, the Ghana U. S. Agency for International Development (USAID) Mission has stated it will support expansion.
- AMTSL has been integrated into the Democratic Republic of Congo (DRC) national strategy, and the policy has changed to integrate maternal and newborn care rather than to keep them as separate entities. Additionally, the Ministry of Health (MOH), United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO) are using the materials developed by POPPHI and Basic Support for Institutionalizing Child Survival (BASICS) for training and are advocating having these materials adopted as the national curriculum.
- POPPHI has demonstrated its global reach directly through technical assistance to the American military in Iraq, who were training midwives and physicians in an Iraqi hospital; to Spain and USAID Tanzania on AMTSL indicators; and to University of Michigan health providers on technical issues. In addition, POPPHI has expanded its access to wide-ranging audiences by providing materials to the Philippines; presenting at the Gates-funded misoprostol meeting; and providing PATH materials developed under our Maternal and Newborn Health Technology Initiative (MNTI) project in South Africa to the Access to Clinical and Community Maternal, Newborn, and Women’s Health Services (ACCESS) project for use in Afghanistan. The Global Library of Women's Medicine now has

a USAID-approved link with the POPPHI Web site, and Instituto Biologico Argentino (BIOL), the manufacturer of oxytocin in Uniject™ in Argentina, has created a poster on AMTSL based on POPPHI's poster.

- POPPHI initiated and supported three speakers (plus initiated, but did not provide funding for, a fourth speaker on oxytocin in Uniject™ by HealthTech) at the Global Health Council's annual meeting in June 2009. These were well attended, even though the session was on a Saturday morning.
- At the April annual meeting of the PPH Working Group, participants affirmed the importance and value of the group and the need for it to continue. There were multiple statements that the work of scaling up PPH prevention activities was not finished and that the PPH Working Group (and its Task Forces) was very effective and central to continuing the progress being made. There was agreement that the group was an important vehicle for sharing new data and collaboration and that priority should be given to find a way to maintain its function.

In addition to its strong global leadership role in PPH prevention and early treatment, POPPHI has continued to be an effective resource and provide guidance on multiple fronts. POPPHI collaborates regularly and effectively with the Maternal and Child Health Integrated Project (MCHIP) and is working towards a seamless transition from POPPHI to MCHIP for the PPH prevention and treatment work. Follow-on activities from POPPHI in Mali, DRC, and LAC are continuing under MCHIP.

On the policy front, POPPHI has received renewed support from WHO to host a meeting on PPH prevention indicators under the auspices of the Making Pregnancy Safer (MPS) Division's *Quality Facility Childbirth Initiative*. POPPHI staff will be working with WHO to hold the meeting in November or early December 2009. A Joint Statement on AMTSL is being drafted by POPPHI and will be turned over to WHO–MPS Division to finalize and obtain approval from UNICEF and the United Nations Population Fund (UNFPA).

POPPHI's partnering, collaboration, and dissemination efforts continue to expand with its geographic reach extending and with additional requests coming in from new sources, such as the US military and US academic institutions. POPPHI was pleased to see that our Tanzanian colleagues have submitted an article based on the Tanzanian AMTSL survey, titled "Health Facility Based Active Management of the Third Stage of Labor: findings from a national survey in Tanzania," published on April 16, 2009. This article utilized the AMTSL survey data, and the complete article can be found at:

<http://www.health-policy-systems.com/content/7/1/6>.

Task 1: Expand AMTSL through Non-training Approaches to Improve Provider Practice

During this reporting period, the International Confederation of Midwives (ICM) and the International Federation of Gynaecology and Obstetrics (FIGO) attended the PPH Working Group in April 2009 and made presentations on the panel of experts and donors.

The presentations by B. Lynch and S. Arulkumaran were well received. FIGO presented a flow chart/poster on immediate management of excessive bleeding. It is under review with the possibility of reproduction. ICM has continued its work on the Third Joint Statement on physiologic management of the third stage of labor, and its advisory group has undertaken and produced a review of related literature. It is entitled *Systematic Review: to assess the clinical effectiveness of the physiological (expectant) management of the third stage of labour*. The document is now completed and under review by FIGO and ICM leadership. ICM also completed a survey of practice and data from this survey that will be used to inform the Joint Statement. FIGO and ICM are hoping that the Third Joint Statement will be ready to pass at the first Executive Board meeting in Cape Town in October 2009, and presented to the general assembly under special permission from FIGO President, Dr. D. Shaw. Lastly, ICM and FIGO are making plans for trips to Ghana and Benin to support the scale-up activities for PPH prevention. Trips are planned for September 2009.

The POPPHI Web site continues to generate requests for guidance and information and to make new material and documents available. The AMTSL training materials have been printed and are currently being distributed. Additionally, the following materials were distributed during this reporting period.

POPPHI materials distributed from February 1 to July 31, 2009	Total materials distributed over the life of POPPHI
324 condensed PPH toolkits	total of 3,042 condensed PPH toolkits
263 CD-ROMs in English	total of 3,409 CD-ROMs in English
50 CD-ROMs in French	total of 652 CD-ROMs in French
140 CD-ROMs in Spanish	total of 819 CD-ROMs in Spanish
857 posters in English	total of 5,693 posters in English
327 fact sheets in English	total of 3,994 fact sheets in English
150 posters in French	total of 3,967 posters in French
50 fact sheets in French	total of 2,987 fact sheets in French
20 posters in Spanish	total of 3,408 posters in Spanish
20 fact sheets in Spanish	total of 3,005 fact sheets in Spanish

Bangladesh, Ghana, Peru, and Indonesia are the only small grants that remain active and have activities to complete.

On the policy level, changes in Mali support AMTSL scale-up, and Honduras has adopted the three components in AMTSL as an HMIS indicator. WHO has agreed to

facilitate a Joint Statement on AMTSL, including WHO, UNICEF, and UNFPA. POPPHI has begun work on the draft document for WHO. Additionally, WHO–MPS Division has stated an eagerness to sign a statement of support for oxytocin in Uniject™. A meeting with WHO is planned for early August 2009 to begin to plan a meeting for technical consultation on indicators for PPH prevention.

The Monitoring and Evaluation (M&E) specialist is continuing her extensive efforts, outreach activities, and creative problem solving to collect data on AMTSL indicators from all USAID projects.

Task 2: Improve the Quality and Availability of AMTSL at the Facility Level

POPPHI has developed three unique sets of alternative training materials to address Task 2 and the quality and availability of AMTSL service by health providers, as well as to meet the specific needs of individual countries. The first alternative approach, the generic 2–3 day **AMTSL training**, was initiated in Pakistan, used in LAC countries and others, and is available on the Web in the English and French languages, with a Spanish-language version soon to be available. The second alternative approach, the **Site and Individual (SAIN) training**, is a blended learning approach with clinical updates/practicum and mentor training for district hospitals, and self-paced learning with visits to the hospital for clinical practice and competence certification. The approach was piloted in Mali, and an external evaluation of this approach was completed during this reporting period with results available in the next reporting period. The SAIN approach was implemented in Ghana during this reporting period by S. Engelbrecht and Ghanaian facilitators, with participants from six district hospitals in the Eastern and Western Regions under the PROMISE (PROmoting Maternal and Infant Survival and Excellence) approach. The third alternative approach is the **Immediate Postpartum Care Package**, which combines AMTSL and essential newborn care. This training package is being implemented in DRC in collaboration with the BASICS project. The success of the DRC program is apparent with the recent announcement that the DRC MOH is planning to scale up this training program nationwide. Both the Mali and DRC programs will continue under MCHIP.

POPPHI continues to prioritize scale-up activities in the five selected countries. In **Mali**, a demonstration project showed that: (1) *matrones* could safely and competently apply AMTSL without misusing oxytocin, and (2) training *matrones* allowed facilities, where trained *matrones* attend most spontaneous vaginal births, to have 100% coverage of AMTSL. Results of the demonstration project were presented to the National Director for Health and then to a cabinet meeting of the MOH on April 2, 2009. At the end of the presentation and discussion, the Minister of Health, Mr. Oumar Ibrahim TOURE, closed the session with these comments: “The results are very good and were clearly presented with appropriate testimonials. Now we are faced with a decision: should we authorize *matrones* to practice AMTSL? Myself, I will not hesitate—I authorize them to practice AMTSL.” To follow up on the important policy change, the technical advisory group for

AMTSL developed an action plan for training all *matrones* throughout the country. The plan was presented to and accepted by the Minister of Health. The Reproductive Health Division (DSR) and USAID partners are working together to make the training of *matrones* a reality. During this reporting period, N. Darcy traveled to Mali (March 21–April 2, 2009) to conduct a review of the M&E data collection and provide supportive supervision. The findings indicate that the majority of women received AMTSL; AMTSL is systematically recorded in the delivery register but not as consistently in the partograph; job aids on ATMSL were posted in most delivery rooms and oxytocin was stored according to guidelines in the majority of times. W. Dufour, a consultant, visited Mali from June 26 to July 19, 2009, to conduct an evaluation of the SAIN approach. Her report is pending.

In **Ghana**, there are four scale-up activities that include the following:

1) The Changing AMTSL Behaviors in Obstetrics (CAMBIO) intervention.

The CAMBIO intervention was initiated in Ghana during this reporting period. A baseline AMTSL survey was carried out in both teaching hospitals (Korle Bu Teaching Hospital [KBTH] and Komfe Anochie Teaching Hospital [KATH]), followed by an opinion leader survey conducted by Dr. Taylor with the labor and delivery ward staff of both hospitals. Two consultants from Argentina and Uruguay traveled to Ghana from April 12 to 25, 2009, to conduct assessments and a 5-day workshop to train the opinion leaders (called facilitators) in the intervention. The hospitals are now conducting “academic detailing,” using reminders and collecting data in the hospitals. A repeat AMTSL endline survey will be conducted in October 2009.

2) A replication of the SAIN approach for AMTSL training through the PROMISE (Promoting Maternal and Infant Survival and Excellence) program.

The **PROMISE** program is a replication of the SAIN methodology in Ghana with six district hospitals participating (three from Eastern and three from Western Regions). During this reporting period, S. Engelbrecht worked with Ghanaian facilitators to conduct a clinical update and provide mentor training for participants from the district hospitals. The participants returned to their respective hospitals to orient and train their colleagues on the labor and delivery wards. The facilitators or resource persons will visit within 2–3 weeks to assess their readiness to begin mentoring.

3) The Misoprostol Pilot.

Updates from Dr. Asare, Ghana Health Services (GHS), and Dr. Taylor indicate that the **Misoprostol Pilot** supported by Ventures Strategies (with technical assistance from POPPHI) is waiting for the drug to arrive in-country. Discussions with J. Arcara of Ventures indicated that the misoprostol should be arriving in early August, but that there had been delays. Ventures is finalizing the protocols for the pilot for submission to the ethics committee in Ghana.

4) The repeat AMTSL survey.

Discussions were held with Dr. J. Gyapong, director of the Research and Development Division of the GHS (formerly the Health Research Unit), to schedule the repeat **AMTSL mini-survey**. The plan is for early October 2009. He will identify a staff member with whom POPPHI will work and Dr. Gyapong will then inform POPPHI.

In **Bangladesh**, EngenderHealth Bangladesh provided technical and secretarial support to organize the 14th National PPH Prevention Task force meeting on February 22, 2009, attended by 30 Task Force members. Active participation by the Task Force members demonstrates their high interest in the subject. During this meeting, the Director General of Health Services (DGHS) demonstrated his interest and committed to including AMTSL training in the Government Operational Plan.

Systems are being institutionalized to improve the rate that facilities are reporting their AMTSL practice. These systems include a local level record-keeping system on AMTSL use through the use of a rubber stamp, and the development and initiation of an auto-carbon reporting format. During the reporting period, the data indicated that AMTSL was practiced in around 95% of cases.

Advocacy with the management information system (MIS) unit of DGHS and the Directorate General of Family Planning (DGFP) is continuing in order to incorporate the AMTSL reporting system within the government of Bangladesh's (GOB's) existing MIS forms. During February 1–March 19, 2009, in Tangail District under Misoprostol Use Phase-1, a total of 7,378 pregnant mothers were registered; 4,065 registered pregnant women received misoprostol tablets from the GOB and nongovernmental organization (NGO) field workers; 1,651 registered pregnant mothers delivered at home, of which 1,639 (99%) pregnant mothers used misoprostol properly. To date in eight *upazilas* (sub-districts), no adverse situations were reported to be attributed to the use of misoprostol. However, two maternal deaths were reported due to PPH. In both cases, the women did not take the misoprostol tablets even though they were available.

Trained field workers have used the data at community meetings in order to raise awareness of the benefits of misoprostol. Thus far, 1,147 community meetings have been conducted by 592 GOB and NGO field workers, with 14,911 community people in eight *upazilas* during the reporting period. To assist the GOB and NGO health and family planning workers, the EngenderHealth Bangladesh field coordinator and supervisors followed up at the community level. They provided necessary technical assistance to the GOB and NGO field staffs through 146 unions, i.e., community-level meetings in eight *upazilas*.

POPPHI activities in **Indonesia** were reinvigorated with discussions and meetings with Indonesia USAID staff newly assigned to maternal and newborn health. An action plan was developed and approval was received in June 2009 to complete the AMTSL survey and the remaining activities in the work plan. The following activities have been completed:

- A presentation of the AMTSL survey data at the large annual meeting of the Indonesian Midwives Association (IBI) and a presentation of the AMTSL survey in Bangladesh at a conference sponsored by BRAC (POPPHI paid a portion of the costs).
- The development of midwifery curriculum at the University of Indonesia's School of Public Health (adding the clinical component of AMTSL training to the curriculum) is now in process.
- I. Ariawan, a POPPHI consultant, worked with R. Knight during this reporting period to determine the sample for the AMTSL survey and also with R. Gipson, Chief of Party for the Health Systems Project (HSP), to identify how POPPHI can best include the HSP areas in the AMTSL survey. The AMTSL mini-survey will soon be in process.

While POPPHI had requested to conduct a refresher AMTSL training in eight hospitals, the National Clinical Training Network (JNPK), and the MOH supported a basic emergency maternal and newborn care training (PONED [Indonesian abbreviation]), which was very expensive. Given POPPHI's available funds, the hospital trainings were not implemented. The Tamarang evaluation was not completed because this activity involved misoprostol, which is not approved by the Indonesian MOH.

POPPHI has collaborated closely with Management Sciences for Health (MSH) and the Strengthening Pharmaceutical Systems (SPS) project in **Benin**. In May 2009, an SPS consultant completed a management assessment of AMTSL products in Ouémé-Plateau and Zou-Collines. Dr. M. Derosena, SPS/MSH staff, will re-start activities in August 2009, following the results of this evaluation. This will be a good opportunity for coordination between POPPHI and SPS and a continuation of the excellent collaboration developed between the two organizations. As stated under Task 1, ICM and FIGO are planning to visit Benin to support the PPH prevention activities and to assist in having the revised protocols and Joint Statement signed. This activity will be coordinated with the SPS activities.

In collaboration with HealthTech, activities in **Guatemala** on the oxytocin in Uniject™ pilot have moved forward rapidly, with protocols approval from all ethics committees and facilitators' training completed. The Guatemalan OB/GYN Association received a grant to provide training and monitoring under the pilot. An action plan is in place for activity completion within 4 months. The **Honduras** pilot is on schedule to be ready for start-up when USAID can permit travelers into the country. Funds have been diverted to Peru activities while Honduras activities are delayed. The Nicaraguan grant is delayed in training implementation because of illness in the coordinator's family. Plans are being made to continue activities in Honduras and Guatemala, provide support to midwifery pre-service education in Peru and Paraguay, and replicate the Argentina CAMBIO research in a LAC country (to be determined) under MCHIP.

Task 3: Improve the Quality and Availability of AMTSL at the Community Level

Strengthening and improving access to community-based PPH prevention strategies remain a priority for POPPHI, as illustrated with the initiation and support to the oxytocin in Uniject™ pilots in Guatemala and Honduras, and support for misoprostol activities or pilots in Bangladesh, Ghana, and Honduras. Although the submission of an application for misoprostol to be included in the WHO Essential Medicine List for PPH indications was rejected, there are indications that with the publication of the Gynuity Pakistan data, the application would be accepted on the next submission. The misoprostol pilot in Ghana has moved forward and awaits completion, submission to, and approval by the ethics committee review in Ghana and receipt of the drug in country. Bangladesh continues its rapid roll-out of misoprostol strategy.

Task 4: Make Uterotonic Drugs and Devices (UDDs) Available at Low Cost to Countries

WHO continues its strong support for increasing the availability of oxytocin through heat stability, Uniject™, and the prequalification process. BIOL submitted its application for prequalification to WHO in June 2009. Indications from WHO suggest that they will provide technical assistance to BIOL (and others) in case of issues with BIOL's prequalification application. WHO has indicated interest in issuing a statement of support for oxytocin in Uniject™ during this reporting period, and POPPHI will work with HealthTech to support WHO's effort. POPPHI has meetings planned with WHO staff in early August 2009, to discuss WHO's activities and collaborative efforts on both oxytocin and misoprostol. The final report from the Mali pilot using oxytocin in Uniject™, *Pilot use of oxytocin in Uniject device for AMTSL in Mali: Evaluation of safety and feasibility of a new delivery technology*, is available on the POPPHI Web site.

During this reporting period, the Gynuity treatment data was published and the results of their prevention trial in Pakistan has been shared. The Pakistan study was implemented by traditional birth attendants (TBAs) and showed a significant reduction of PPH, although not as large a reduction as shown in the Belgaum study. Although there are indications that WHO will include misoprostol on the Essential Medicine List for PPH indications after publication of the Gynuity trial, a new WHO document has just been published that only supports use of misoprostol in facilities. The WHO statement does not support community-based distribution of misoprostol. It is unclear at this time how this new WHO document will affect the misoprostol pilots underway.

POPPHI staff continues to work closely with implementing partners, HealthTech and SPS/MSH, in a number of areas. HealthTech is an important partner in Honduras and Guatemala, and SPS is collaborating closely in Mali, Benin, and now in Ghana. SPS recently held an uterotonic workshop with key stakeholders in the Ghana Health Systems and MOH. Decisions were made to strengthen guidelines and systems that will ensure proper storage and use of medications. Although dosages of five international units (IUs)

of oxytocin were not banned, the decision was made that 10 IUs will be the norm for procurement. SPS staff introduced the idea of oxytocin in Uniject™ to the stakeholders, and there was interest by leadership. POPPHI has still not received confirmation on SPS's ability or willingness to assist with a policy brief on uterotonic costs. Correspondence and phone calls have met SPS leadership on travel or not available. Collaboration with these organizations has greatly assisted POPPHI in its work under Task 4.

BIOL has now developed a poster on AMTSL, based on POPPHI's poster, to use as a promotional activity for BIOL. The poster is currently under technical review by POPPHI staff.

Dr. J. Sine, an economist from RTI, is taking the lead on developing a cost-effective AMTSL training model and is working with additional members of the POPPHI team. POPPHI is comparing the traditional face-to-face AMTSL training with the blended AMTSL training approach to determine the most cost-effective model that provides reasonable results.

1.2 Looking to the Future

As we move into the anticipated final 5 months of the POPPHI project, there is an expectation that the no-cost extension will be approved by USAID. The POPPHI project will focus on four primary activities: (1) wrapping up activities in all scale-up countries according to the planned time frame, including the repeat AMTSL mini-surveys; (2) completing the Guatemala oxytocin in Uniject™ pilot and initiating the Honduran pilot (to be continued under MCHIP and HealthTech); (3) completing policy activities with WHO; and (4) planning and implementing end-of-project activities, including reports and meetings, and transitioning successful country activities to MCHIP. Ghana, Indonesia, and Benin will receive particular attention, given their current status, to ensure that interventions and AMTSL surveys move forward quickly.

POPPHI will continue to advocate, distribute materials, and provide guidance as requested, to other organizations and countries wanting to include PPH prevention strategies in their programs. All remaining materials and reports will be disseminated and posted on the POPPHI Web site. A PPH Advisory Committee will be established to maintain and strengthen the work done under the PPH Working Group, and the future of the Task Forces is yet to be determined.

POPPHI will wrap up and close out the remaining small grants. The success of the LAC, Mali, and DRC programs and interest by the countries or regional bureaus has led to continuation of many of these activities/programs under MCHIP. Recent discussions with USAID Ghana indicate that the CAMBIO intervention may receive continued support for expansion under direct Mission funding.

1.3 Activities Ongoing and Completed by Task

General

Activities completed or in process during this period include the following:

- Maintain master calendar of events.
 - All task forces met on April 6, 2009.
 - POPPHI continues to support the listserv on PPH prevention.
- Facilitate the exchange of information and coordinate with Implementing Partners (IPs).
 - POPPHI partners (RTI International; EngenderHealth; and PATH, with FIGO and ICM) continue to hold monthly teleconferences to share information on project activities, discuss issues and concerns, and plan activities.
 - N. Darcy continues to work with IPs and organizations listed on USAID's Operational Plans to collect data on the indicators.
 - The following documents have been posted on the Web site:
 - Postpartum Hemorrhage Working Group meeting presentations: (<http://www.pphprevention.org/news.php#PPHWG>)
 - Benin and Bangladesh AMTSL Survey Reports: (http://www.pphprevention.org/briefs_newsletters.php)
 - Job Aid: Documenting uterotonic drug use: (http://www.pphprevention.org/job_aids.php)
 - Maternal and Newborn Health Technology Initiative AMTSL video link
 - Cost-effectiveness of two maternal mortality interventions in rural India—Poster by Tori Sutherland. MPH. and David M. Bishai. MD MPH PhD
 - AMTSL Learning Materials: the *Reference Manual*, a *Facilitators' Guide*, and the *Participant's French and English Notebook*: (<http://www.pphprevention.org/AMTSLlearningmaterials.php>)
 - Job Aid: Storage of uterotonic drugs: (http://www.pphprevention.org/job_aids.php)
- HealthTech and POPPHI continue to work closely, focused on oxytocin in Uniject™ and POPPHI Task 4.
 - SPS staff and POPPHI continue to collaborate.
- Identify and track current and ongoing research and country implementation related to AMTSL and misoprostol.
 - Gynuity PPH treatment trials have been published in the Lancet.

- Gynuity PPH prevention trial in Pakistan is completed with a 24% drop in PPH in births attended by TBAs. Articles should be published in September 2009.
- POPPHI provided the British Journal of Obstetrics and Gynaecology (BJOG) with funds (\$5,000) to support a journal supplement at the request of A. Weeks, Liverpool Women’s Hospital.
 - BJOG International Reviews 2009
 - Commentaries
 - The evolving management of the third stage of labour, by AM Gülmezoglu, JP Souza*
 - Obstetric fistula- a new way forward, by Sohier Elneil and Andrew Browning*
 - Scaling up human resources for women’s health, by Nigel Crisp and Tony Falconer*
 - Building capacity for anaesthesia in low resource settings, by Kate Grady*
 - Joining the dots: a plea for precise estimates of the MMR in sub-Saharan Africa, by Stephen Mujanja*
 - The importance of quality of care, by Wendy Graham and Nynke van den Broek*
 - The role of instrumental delivery in emergency obstetric care, by Charles Aheh and Andrew Weeks*
 - Reviews
 - Ensuring effective essential (emergency) obstetric care and newborn care, by Charles Ameh and Jan Hoffman*
 - Current trends in newborn care for low resource settings, by Joy Lawn*
 - Skilled Birth Attendance—lessons learnt, by Adetoro and Nynke van den Broek*
 - Management of infertility in low resource settings, by Sunita Mittal and Sanjeev Sharma*
 - The prevention of HIV mother-to-child transmission, by James McIntyre*
 - Misoprostol in Obstetrics and Gynaecology, by Anisa Elati and Andrew Weeks*
 - How to...
 - How to... advocate for political change, by Jeremy Shiffman*
 - How to... teach, by Anne Garden*
 - How to... find evidence-based advice on the Internet, by Stephan Kennedy*
 - How to... provide effective technical assistance, by Stewart Tyson*

- Convene the PPH Working Group Meeting.
 - The PPH Working Group (WG) met on April 6, 2009, with approximately 60 participants (see **Appendix B** for the agenda and list of attendees). The presentations from the PPH WG are available at:

<http://www.pphprevention.org/news.php#PPHWG>
- A member of the POPPHI team continues to serve on the Technical Advisory Group (TAG) and steering committee of the new WHO AMTSL study.

Reporting

- POPPHI is working with USAID on collecting Operation Plan partner information.
- POPPHI submitted its *Semi-annual Report* (Aug 1, 2008, to Jan 31, 2009) to USAID on schedule.
- POPPHI continued to submit quarterly financial reports to USAID.

Task 1: Expand AMTSL through Non-training Approaches to Improve Provider Practice

Collaborate with FIGO and ICM to promote the use of AMTSL and other PPH prevention/early treatment activities

1. Collaborate with FIGO, ICM, and in-country professional organizations to promote the use of AMTSL and community-based PPH prevention strategies

- During the first or second week of September, 2009, Dr. Bruno Carbonne from FIGO will go to Ghana and Benin to finalize the statement and protocol on AMTSL in Benin, signed by the MOH.
- FIGO remains active and retains chair of the First Intervention Task Force (FITF).
- FIGO and ICM are in the process of developing a Third Joint Statement on expectant management, but have identified that a Cochrane Review on AMTSL is currently underway. Instead of completing a duplicative literature review, they expect the information from the Cochrane Review by early in the second quarter of 2009. Refer to **Appendix F**, for ICM (July to December 2008) and FIGO (January to December 2008) reports.
- FIGO and ICM are hoping the Third Joint Statement on expectant management will be ready to pass at the first Executive Board meeting in Cape Town in October, and presented to the General Assembly under a special permission from FIGO President, Dr Dorothy Shaw.
- After both organizations have reviewed the findings and collated any comments, a meeting will be held to finalize the Joint Statement.
- After the statement is finalized, it is hoped that the timeline will allow for approval at the FIGO Congress in Cape Town in October 2009.

2. Distribute revised AMTSL toolkit, CD-ROMs, job aids, and other training materials.

- POPPHI has continued to work with the Pan American Health Organization (PAHO); ACCESS; and other organizations to distribute translated Spanish and French AMTSL CD-ROMs, posters, and fact sheets, as well as the condensed version of the PPH Toolkit.
 - See **Appendix A** for complete details.

3. Link or collaborate with other organizations to expand the use of AMTSL.

- Meetings are planned with WHO for August 2009, to discuss between WHO, UNICEF, and UNFPA the Joint Statement on AMTSL.
- Follow up and maintain activities that support a continued relationship with the cooperating agencies and their Cognizant Officer's Technical Representatives (COTRs) to encourage the use of the two outcome indicators.
 - N. Darcy continues to follow up with all USAID cooperating agencies that work in maternal health to collect data and reports on AMTSL and PPH prevention activities.
 - See *Exhibits 3 and 4* below.
- Maintain a working relationship with the Africa 2010 and the Health Care Improvement (HCI) projects, as well as others who are working in the scale-up countries.

4. Wrap-up and close-out small grants activities.

Visit http://www.pphprevention.org/small_grants.php for information on small grants.

- Additional activities related to small grants:
 - The Bangladesh small grant has begun and the five district trainings have been conducted. POPPHI staff is waiting to receive the member baseline and endline surveys. The Bangladesh small grant was extended until July 31, 2009.
 - Ghana has closed out its first grant with the Society of Obstetricians and Gynaecologists of Ghana (SOGOG) and the Ghana Registered Midwives Association (GRMA) and initiated a grant with the GRMA to use up the remaining funds, with an end date of August 31, 2009. The original grant included training of midwives, and GRMA implemented the training. SOGOG agreed that it was more efficient for the GRMA to receive funds directly; therefore, a separate grant was required.
 - Bolivia provided their member endline surveys for certain facilities in Sucre. The data is included in *Exhibit XI* below.

- Indonesia provided their member endline surveys, surveying teachers and students. The data is included in *Exhibit X2* below.
- POPPHI awaits final reports from Indonesia, Peru, and Ghana as they wrap up activities.
- Monitored progress of grants, in collaboration with FIGO and ICM.
 - Twelve usable national baseline surveys have been received to date (Benin, Bolivia, Burkina Faso, Cameroon, Ghana, Malawi, Nepal, Pakistan, Uganda, Indonesia, Peru, and Bangladesh).
 - Four national endline surveys have been received to date (Pakistan, Benin, Uganda, and Cameroon), with additional confirmation from Bolivia that no changes have occurred from the national baseline. We expect to receive national endline surveys from Indonesia, Peru, Ghana, and Bangladesh during the next reporting period.
 - POPPHI has received usable results of the member baseline surveys from 13 countries to date (Benin, Bolivia, Burkina Faso, Cameroon, Ghana, Malawi, Nepal, Pakistan, Tanzania, Uganda, the Dominican Republic, Peru, and Indonesia). POPPHI expects to receive the member baseline surveys from Bangladesh during this final reporting period, and expects to have usable results from 14 countries for the member baseline survey.
 - POPPHI has received results of the member endline surveys from nine countries (Burkina Faso, Tanzania, Pakistan, Benin, Malawi, Nepal, Bolivia, Indonesia, and Uganda) to date. POPPHI expects to receive member endline survey data from Ghana, Peru, and Bangladesh during this final reporting period, and expects to have usable results from 12 countries for the member endline survey.
- N. Darcy completed the input of baseline and endline data for small grant awardees/national associations that were received by August 20, 2009.
 - Z. Ruhf and S. Priddy are monitoring small grants with N. Darcy to ensure coordination of the data on small grants.

Task 2: Improve Quality and Availability of AMTSL at the Facility Level

1. **Evaluate training and non-training approaches designed to improve provider skills in AMTSL.**
 - Convene Training Task Force meetings
 - A Training Task Force meeting was held on April 6, 2009.
 - Share SAIN strategy with other countries for possible implementation

- SAIN strategy introduced to Ghana under the PROMISE program during this reporting period. S. Engelbrecht and Ghanaian facilitators carried out a training of mentors in Korforidua in July 2009 to initiate the program.
- Evaluate SAIN alternative learning strategy in Mali (renamed mentoring or blended-learning approach).
 - The blended-learning approach combines self-paced learning for the theoretical portion with a clinical practicum, and can be used for on-site and individual training (SAIN). This learning approach can be adapted to different contexts for expanding and scaling up AMTSL services. This learning approach has been designed to address challenges encountered with traditional group-based training techniques, as well as the significant challenge of sustainability: establishing an effective approach to preparing providers to offer AMTSL services that are consistent with performance expectations and service standards. The goal of this strategy is to train the maximum number of providers to apply AMTSL to standard.
 - Learning materials for the approach were adapted from group-based materials and were pre-tested in Ghana (English) and Mali (French). Materials will be posted on the Web once they are finalized.
 - N. Darcy traveled to Mali to review the M&E data collection and provide supportive supervision. Results are included in the trip report in Appendix C.
 - See Task 2, #2.
- Include SAIN strategy documents and materials on the Web site.
 - SAIN learning materials (French and English) will soon be available on the Web site
- Develop a cost model for AMTSL training (costs for different training types).
 - S. Engelbrecht is providing actual costs for training to N. Darcy. N. Darcy and J. Sine have developed the outline of the cost differences between both models. There is no current practical evaluation of the SAIN model, and D. Armbruster is working to see if this can be coordinated, so we can then complete the cost model.
- Transform the integrated maternal and newborn program developed with BASICS and pre-tested in DRC into “generic” materials; translate the maternal materials into English and disseminate the combined materials in a variety of ways, including via a Web site (including use in a mother and child health program in Senegal—not POPPHI-funded).
- Use behavioral intervention(s) to increase AMTSL (replication of the Argentinean NIH study) in two teaching hospitals in Ghana
 - Ongoing. (See Task 2, #2, Ghana)

2. Scale up AMTSL in five countries.

- Mali
 - A flipchart is being developed to train *matrones*, or other low-literate providers, to apply AMTSL. Drawings and materials used for training in AMTSL are being adapted for use with semi- and non-literate audiences. This tool has been developed and is presently being internally reviewed by the Training Task Force. It should be available by September 2009.
 - N. Darcy and S. Engelbrecht traveled to Mali (March 21–April 2, 2009) to review the M&E data collection and provide supportive supervision.
 - Overall, the approach was viewed favorably by managers, providers, and mentors (*points focaux*).
 - Challenges encountered included:
 - 1) Supervision of sites was to be integrated into routine supervision visits, but routine supervision visits were not being conducted; this meant that newly trained providers did not receive the supervisory support they needed.
 - 2) Change-over of staff meant that the number of providers that needed to be trained were far greater than were budgeted for.
 - 3) A fair number of staff who had been trained in the traditional group-based approach were re-trained using the blended-learning approach.
 - 4) A minority of providers were not happy with the reduced per diem.
 - 5) Some providers were not suited to the blended-learning approach.
 - A two-pronged evaluation of the SAIN methodology and its implementation in Mali was carried out and will include:
 - 1) Evaluation of the approach and learning materials.
 - 2) Evaluation of impact of the approach on practice of AMTSL, use and stockage of uterotonic drugs, and documentation.
 - SPS will be conducting a national survey on use, documentation, quantification, and storage of uterotonic drugs.
 - The DSR has requested that a national survey on AMTSL use be postponed until 2010. Although everyone understands the importance of having an indicator for AMTSL, the consensus was to wait until 2010, when all tools and indicators will be revised.
 - AMTSL has been integrated into work plans for all NGOs working in reproductive health and is considered a national priority.
 - Continue collaboration with the Assistance Technique Nationale (ATN) and Capacity/IntraHealth projects.

- Benin
 - The Benin AMTSL report is available on the Web site in English.
 - Work with MSH to determine if additional scale-up activities are possible in Benin.
 - Benin is covered to 85% with AMTSL activity (29 health zones out of a total of 34).
 - FIGO and POPPHI collaborated in May 2008 to:
 - Update national protocols for care during labor, childbirth, the immediate postpartum, and initial management of PPH.
 - Develop a joint statement for prevention of PPH between the national midwifery and the obstetrics/gynecology professional associations.
 - Since May 2009 there has been no movement on either of these documents. Plans are being made for a representative of FIGO and ICM to visit Benin in 2009 to facilitate finalization of the two documents. S. Engelbrecht will join the team.
- Indonesia
 - D. Armbruster visited Indonesia from March 22 to 27, 2009, and met with USAID to orient new staff to POPPHI activities.
 - D. Armbruster met with T. O'Day in Washington, DC, to request approval for the POPPHI work plan—including the AMTSL survey. Received approval in June 2009.
 - The community midwives curriculum development is in process.
 - I. Ariawan is working with R. Knight on a sampling plan. USAID and HSP have agreed to include the HSP area in the survey. L. Kak has requested a community survey be completed in the HSP area.
- Bangladesh
 - **National PPH Task Force:** EngenderHealth Bangladesh has provided technical and secretarial support to organize the 14th National PPH Prevention Task force meeting, which has been held on February 22, 2009, with 30 Task Force members. The Task Force members' active participation demonstrates their high interest in the subject. During this meeting, the Director General of Health Services demonstrated his interest and committed to including AMTSL training in the Government Operational Plan.
 - **AMTSL Practice at the facility level:** The facilities are not reporting on a regular basis on AMTSL practice, despite an institutionalized local-level record keeping system on AMTSL, use of a rubber stamp, and the provision of auto-carbon reporting format to the facilities. During the

reporting period, AMTSL has been practiced in around 95% of cases. Advocacy with the MIS unit of DGHS and DGFP is continuing in order to incorporate the AMTSL reporting system within the GOB's existing MIS forms.

– **Misoprostol Use Phase-1 Implementation in Tangail District:**

- i. During February 1–March 19, 2009, a total of 7,378 pregnant mothers were registered; 4,065 registered pregnant women received misoprostol tablets from the GOB and NGO field workers; 1,651 registered pregnant mothers delivered at home, of which 1,639 (99%) pregnant mothers used misoprostol properly. To date in eight *upazilas*, no adverse situations were reported to be related to the use of misoprostol. However, two PPH-related maternal deaths occurred during this period; both deaths were women who did not take misoprostol tablets even though they were available.
 - ii. In order to raise community awareness, the trained field workers conducted community meetings. Thus far, 1,147 community meetings with 14,911 community participants have been conducted by 592 GOB and NGO field workers in eight *upazilas* during the reporting period.
 - iii. To assist the GOB and NGO health and family planning workers, the EngenderHealth Bangladesh field coordinator and supervisors followed up at the community level. They provided necessary technical assistance to the GOB and NGO field staffs through 146 unions, i.e., community-level meetings in eight *upazilas*.
- Ghana
 - TA has been provided to Eastern and Western regions to scale-up AMTSL.
 - SAIN approach is being replicated under the PROMISE program, with six district hospitals (three in the Eastern and three in the Western region).
 - The CAMBIO intervention has been developed based on an Argentina study and is being replicated in two teaching hospitals.
 - See 1.1, Task 2 for more details.
 - Conduct AMTSL mini-survey.
 - The Health Research Unit has agreed to conduct the survey and it is being scheduled for September 2009.
 - Provide TA for misoprostol pilot with community health nurses.

- Discussions held with Dr. G. Asare by telephone, because she was traveling during D. Armbruster's trip. Misoprostol has not arrived in country to date.
- Teleconference with J. Arcara indicates that the shipment of misoprostol to Ghana has been delayed, but should arrive shortly. Ventures is completing the protocol for the ethics committee in Ghana.
- Preparations and visits to districts have been made but no pilot activities have begun.

3. Develop monitoring plan and measure implementing partners' progress toward achieving benchmarks, and availability and coverage of AMTSL services at facility level.

- Maintain a strong focus on M&E
 - Assist in development and adoption of national indicators based on POPPHI model indicators.
 - Assist in identifying data collection methodology (e.g., column in delivery log).
 - Work in scale-up countries, where feasible with MOH, to ensure data collection occurs routinely.
- Revise M&E Plan as needed, based on input from USAID, IPs, and country partners.
 - During this reporting period, the revised PMP for Year 5 was submitted on Feb 24, 2009, based on changes in the Year 5 Work Plan.
 - The revised M&E Plan and Performance Management Plan (PMP) were preliminarily approved on March 3, 2009.
- Collect needed data on benchmarks and indicators and provide periodic progress reports to USAID, IPs, and country partners.
 - N. Darcy continues to facilitate data collection on indicators from IPs, other USAID projects, and the network of projects and organizations active and working in maternal/child health projects that include AMTSL.
- AMTSL mini-survey will be completed in Indonesia and Ghana, and if possible, in one district in Benin.

4. Provide TA to Missions and Regional Bureaus upon Request.

A. LAC Regional Bureau

- The Guatemala oxytocin in Uniject™ pilot was approved by the ethics committee of PATH and Guatemala during this reporting period.

- G. Metcalfe traveled to Guatemala in July 2009 to provide technical assistance to country partners on the implementation of the pilot introduction of oxytocin in Uniject™ at the institutional level.
- G. Metcalfe conducted a training of trainers in AMTSL using oxytocin in Uniject™ for MOH and the Asociación de Ginecología y Obstetrica de Guatemala (AGOG) monitors responsible for training providers and supervisors who will participate in the pilot.
- G. Metcalfe also provided assistance to MOH and USAID in importing oxytocin in Uniject™.
- Provide grants to country ob/gyn associations in Guatemala and Nicaragua to support the increase of AMTSL use by skilled providers.
 - Nicaragua grant: training on AMTSL in academic institutions
 - Guatemala grant: lead the oxytocin in Uniject™ study
 - Honduras grant: Through this grant, POPPHI hoped to repeat the AMTSL mini-survey. Unfortunately the ob/gyn association was not able to develop a proposal in time for POPPHI to fund the activity. Include efforts to collect AMTSL indicator selected by countries, and data collection method for AMTSL (in delivery log book).
 - The Honduran Secretariat of Health changed the indicator for AMTSL to include all three components of AMTSL.
- AMTSL training materials were translated, and dissemination of available materials and lessons learned on prevention of PPH, with a focus on AMTSL, has begun.

B. Bilateral Programs

- Completed

Task 3: Improve the Quality and Availability of AMTSL at the Community Level

1. Provide technical assistance, facilitate implementation, or create community-based PPH prevention strategies in three countries, with a focus on a system of community-based distribution of appropriate uterotonic drugs: Honduras, Guatemala, Ghana, and Bangladesh.

- Honduras and Guatemala requested to be the LAC countries to receive support and to expand or scale-up PPH prevention activities.
 - Provide TA to strengthen AMTSL training.
 - Provide TA to conduct an oxytocin in Uniject™ pilot in Honduras.
 - Conduct a misoprostol pilot in Honduras.
 - Provide TA to conduct an oxytocin in Uniject™ pilot in Guatemala.

2. **Convene the Community-based (CB) Prevention Task Force.**
 - The CB PPH Prevention Task Force (TF) met on April 6, 2009, (for meeting notes see **Appendix B**) and made recommendations to continue the CB Task Force activities beyond the POPPHI project (possibly via MCHIP). The TF will conduct a final review of the updated CB Fact Sheet that now includes a definition of PPH. They also requested that all members share any relevant materials. In addition, the TF recommended linking from the POPPHI Web site to other organizations, once the POPPHI team has determined what information can be linked and shared.
3. **Convene the First Intervention Task Force (FITF)**
 - The FITF met on April 6, 2009.
 - The FITF meeting minutes can be found in **Appendix B**.
4. **Develop monitoring plan and measure implementing partners' progress toward achieving benchmarks, and availability and coverage of AMTSL services at the community level.**
 - Collaborate with IPs on indicators, sources of data, and reporting procedures.
 - Completed.
 - See the POPPHI Web site at: http://www.pphprevention.org/monitoring_evaluation.php.
 - Revise PMP as needed, based on input from USAID and IPs.
 - Completed and approved from USAID, in April, 2009.
 - Collect needed data on benchmarks and indicators and provide periodic progress reports to USAID and IPs.
 - Ongoing.
 - Additional contributors have been identified through USAID's Operational Plans, and the USAID-identified points of contact (existing and additional) have been contacted by N. Darcy. Refer to **Exhibit 5 Summary USAID Operational Plan Data** for more details.

Task 4: Make Uterotonic Drugs and Devices Available at Low Cost to Countries

1. **Develop, implement, and evaluate a strategic plan to increase use of oxytocin, oxytocin in Uniject™, and misoprostol, with a focus on the scale-up countries.**
 - Work with HealthTech to facilitate the prequalification process for oxytocin in Uniject™.
 - POPPHI continues to collaborate with HealthTech and the Reproductive Health (RH) Essential Drugs project at PATH to stay up-to-date on the

prequalification process for oxytocin. HealthTech is working with BIOL to prepare their application process for the WHO prequalification process.

- In May 2009, BIOL applied for commercial registration of oxytocin in UnijectTM in Guatemala.
- Develop a policy brief or case study, reviewed by UDD TF, on cost-comparison of uterotonics, injection equipment and devices, and cold-chain storage for oxytocin.

2. Convene the UDD Task Force.

- Review, complete activities, and wrap up.
 - The UDD TF met on April 6, 2009. The major subject of the meeting centered around the future of the TF and PPH, in general. The fate of the PPH Web site was also discussed, with the general consensus being that it is a valuable resource on PPH information. Policy updates centered on drug quality, procurement policy, and adverse events monitoring for all uterotonic drugs.
 - UDD meeting minutes from the April 6, 2009, meeting can be found in **Appendix B**.

3. Conduct a global survey on AMTSL.

- Finalize reports, disseminate findings, and distribute report summary.
 - All AMTSL survey reports are now on the POPPHI Web site.

4. Provide TA and advocacy to get drugs/devices registered for use in AMTSL in at least three countries.

- Collaborate with Gynuity and Ventures Strategies/University of California (UC) Berkley to facilitate use of their expertise on misoprostol registration for PPH indications.
- Create a link to a Web site or to information about countries where misoprostol is registered.
 - The POPPHI Web site lists numerous useful links.

1.4 Performance Standards Completed

The majority of the performance standards are discussed and covered under the narrative description of activities. *Exhibit 1* summarizes the Performance Standards Report.

Exhibit 1. Performance Standards Report

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
0.1	Subcontracts with ICM and FIGO finalized	X	X			Complete, February 2009	Yes–FIGO Year 5 Yes–ICM Year 5
0.2	PPH Working Group (WG) meets 1–2 times a year			X		Fourth PPH working group met April 6, 2009	WG meets 1–2 times
0.3	Number of skilled birth attendants (SBAs) who attend training in AMTSL	X	X			2,900 See Appendix E	1,754 (Sept 30, 2007)
1.1	Number of FIGO and ICM regional conferences where the Joint Statement on Prevention of PPH was disseminated					(Nov 2006, April 2007, Dec 2004, May 2005, Jul 2005, Sep 2005)	Total of 4 conferences
1.2	Number of small grants to national professional associations for activities in support of increasing provider awareness and skills of AMTSL (see Develop Small Grants Mechanism section) Small grants effectively measure 2 or more of the agreed upon indicators	X	X	X	X	16 issued through July 2008 13 baseline member surveys completed (of possible 14) 11 endline member surveys completed (of possible 14)	16 countries
1.3	Small grants effectively measure 2 or more of the following indicators: 1. AMTSL included in country SM protocols	X	X	X	X	16 issued through July 2008, and small grants monitoring of these indicators. Refer to Exhibit 6 .	16 countries

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		1	2	3	4		
	2. Number of member midwives or OB/GYNs have oxytocin available in their clinic or workplace						
	3. Number of midwives or OB/GYNs trained in AMTSL						
	4. Number of midwives or OB/GYNs using AMTSL in routine care or part of their protocol						
1.4.	Number of newsletters carrying statement					FIGO and ICM Total of 53 statements disseminated Jan 2006	25 newsletters or other mechanisms
1.5	Number of toolkits distributed to professional associations	X	X	X	X	3,042 English condensed total, 159 Spanish condensed, 727 reference total, and 3,409 English CD-ROMs total, 652 French CD-ROMs, 819 Spanish CD-ROMs distributed to seven countries Full details in Appendix A	Distribution strategy completed List of recipients developed
1.6.	Provide distribution list to ACCESS					List of recipients and contact info developed and provided to ACCESS	
1.7	Number of workshops where technical assistance is provided to associations'					TAs provided to 7 workshops (up to July 2008)	4 workshops

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		1	2	3	4		
1.8.	WHO, UNICEF, and UNFPA joint statement in support of AMTSL						Joint Statement developed
2.1	Evidence of joint work planning among implementing partners. Evidence in work plans of mutual agreements between the contractor and each of the implementing cooperating agencies about roles and required nature and scope of support services	X	X	X	X	Final annual work plan; approved during Feb, 2009 PPH working group met Apr 6, 2009. PMP plan approved Apr, 2009	Fifth Annual Work Plan of POPPHI PPH WG meets 1–2 times PMP/M&E plan finalized
2.2	Evidence of mechanism of coordination and collaboration among implementing partners	X	X	X	X	PPH Working Group met Apr 6, 2009. POPPHI meets regularly and coordinates with HealthTech and RPM Plus. Collaborates with ACCESS and BASICS.	PPH WG meets 1–2 times
2.3	Evaluation report of training strategies					Completed and submitted Approved July 2007	Evaluation scope of work complete
2.4	Training Task Force meets 2–4 times a year			X		Met Apr 6, 2009.	Meets 1–3 times a year
2.5	Job aids developed	X	X	X	X	Completed and 5,693 English posters; 3,994 English fact sheets; 3,967 French posters; 2,987 French fact sheets; 3,408 Spanish posters; and 3,005 Spanish fact sheets distributed to 5 countries during this time period, including associations	Poster, provider, and policy job aids

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		1	2	3	4		
						and numerous conferences	
						Full details in Appendix A	
2.6	Evidence of functional monitoring system to measure progress of all implementing partners toward achieving benchmarks and to measure availability and coverage of AMTSL services	X	X	X	X	PMP (part of M&E plan) submitted Feb, 2009; Approved Apr, 2009.	Finalized PMP (M&E) with agreed upon indicators
2.7	Number and percentage of targeted districts providing AMTSL	X	X	X	X	In progress—see Exhibit 4, Exhibit 5	No targets agreed upon
2.8	Number and percentage of women within a specified time period in facilities and homes where the woman received AMTSL by SBAs	X	X	X	X	In progress—see Exhibit 3, Exhibit 5	No targets agreed upon
2.9	Results of survey available and used to develop intervention to increase support and use of AMTSL in Central American countries	X	X	X	X	Honduran MOH made change in indicator to include all 3 components of AMTSL Grant to Nicaragua OB/GYN society for training in AMTSL Grant to Guatemala OB/GYN society for training in oxytocin in Uniject™ pilot	Completed survey and initiated intervention Increased number of OB/GYNs in Central America using AMTSL in their practices.
3.1	Evidence of mechanism for coordination and collaboration among partners	X	X	X	X	See above, 2.1	See above, 2.1

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		1	2	3	4		
3.2	Evidence of functional monitoring system to measure progress of all IPs toward achieving benchmarks/targets, and availability and coverage of AMTSL services	X	X	X		Consensus on performance monitoring plan and indicators among IPs PMP (part of M&E plan) submitted Feb, 2009; Approved Apr, 2009	Finalized M&E plan with agreed upon indicators
3.3	Submit performance monitoring report	X	X	X	X	<i>Semi-annual Report</i> submitted Feb, 2009	Submit <i>Semi-annual Report</i>
3.4	USAID receives information on all IPs' progress toward achieving benchmarks and information on availability and coverage of AMTSL services	X	X	X	X	<i>Semi-annual Report</i> submitted Feb, 2009	Submit <i>Semi-annual Report</i>
3.5	Provide technical assistance to missions and regional bureaus	X	X	X		Honduras, Guatemala	Provide technical assistance
3.6	Community-Based Task Force meets 1–3 times a year			X		Met Apr 6, 2009.	Meets 1–3 times a year
4.1	Critical pathway report completed					Yes Dec 2004	Yes
4.2	UDD Task Force meets 1–3 times a year			X		Met Apr 6, 2009.	Meets 1–3 times a year
4.3	First Interventions Task Force meets 1–2 times a year			X		Met Apr 6, 2009.	Meets 1–2 times a year
4.4	Number of countries where drugs/devices are registered for AMTSL in the correct dosage by	X	X			Global AMTSL survey is providing this data for 10 countries. Surveys complete.	Report on work required to register drugs and devices in 3 countries

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
	government regulatory or policy making bodies					Drugs and devices registration report in progress	
	Drugs and devices registration report						
4.5	Number of countries with adequate cold chains established for storage of oxytocics	X	X	X	X	In progress	Number of countries identified for Year 1
4.6	Number of countries with adequate supplies of uterotonics in the drug procurement pipeline for routine use in all facility deliveries	X	X	X	X	In progress	No targets agreed upon
4.7	Negotiation for field support or TA with at least 2 missions		X	X		Have received field support from Mali mission (November 2007) and LAC Bureau (Annual).	Depending on requests from missions
4.8	Report on the cost-comparison of uterotonics choices					Completed and submitted Approved July 2007	Completed and submitted

1.5 Problems Solved or Still Outstanding

Initiation of Misoprostol Activities

- The misoprostol pilot in Bangladesh is showing significant uptake in the three districts where it is currently being implemented. The Ghana FDA has approved misoprostol for the pilot—a one year approval which will be reviewed upon completion of the pilot. Honduras will be conducting a misoprostol pilot with TA from POPPHI as well. So, country level efforts are increasing and interest continues. There was also significant support for the WHO application to include misoprostol on the Essential Medicine List and the American College of Obstetrics and Gynecology has endorsed use of misoprostol for PPH prevention. WHO Reproductive Health and Making Pregnancy Safer divisions have recently included a letter on the EML list serve that is disconcerting in that it is not against the inclusion of misoprostol on the EML but has listed a number of concerns and issues, particularly misoprostol use at the community level.

Scale-up Activities

- There are still some delays in Indonesia but a number of the activities have been completed. The AMTSL trainings are on hold awaiting a revised budget. The mini-survey is waiting for sampling info from R. Knight. N. Darcy is meeting with R. Knight to collect the remaining information. A decision on whether to oversample in the USAID-funded area is also under consideration.

LAC Activities

- The El Salvador USAID Mission did not approve the El Salvador OB/GYN association proposal and it was necessary for POPPHI to inform the association that POPPHI could not give them a grant. The funds for this grant are being redirected within the LAC program activities.
- The Honduras Association of OB/GYN's did not submit a proposal to complete a mini-survey on AMTSL, so after numerous telephone calls, e-mails, and encouragement from USAID for the association to submit a proposal, POPPHI informed the association that POPPHI would not be able to provide funding for a grant. The funds for this grant are being redirected within the LAC program activities.

Data Collection

- Collection of data on AMTSL will remain a challenge, with new organizations added to those already providing data to POPPHI. N. Darcy continues to effectively collect any data that exists.
- AMTSL survey in Mali: SPS staff, E. Nfor, has just informed POPPHI that Dr. B. Keita of the MOH has declined to conduct the AMTSL survey. S. Engelbrecht will be visiting early in the next reporting period and will work to have the survey

reinstated, with assistance from E. Nfor. If necessary, D. Armbruster will speak with Dr. B. Keita to impress upon her the importance of this activity.

- AMTSL mini-survey in Benin: POPPHI has asked SPS to fund this activity and is awaiting a response from SPS.

1.6 Proposed Solutions to Ongoing Problems

- See above.

1.7 Success Stories

- The oxytocin in Uniject pilot in Guatemala is underway after receiving approval from the PATH and Guatemalan ethics review committees. The first training for the oxytocin in UnijectTM pilot in Guatemala was conducted from July 21–23, 2009. The Honduran Secretariat of Health changed the indicator for active management of the third stage of labor (AMTSL) to include all three components of AMTSL.
- The **Changing AMTSL Behaviors in Obstetrics (CAMBIO)** intervention was initiated in Ghana and has received outstanding reviews from participants and Argentinean consultant facilitators. The motivation and enthusiasm of the staff of the two main teaching hospitals continues as the facilitators begin implementation of this intervention in their hospitals. If successful, the Ghana U.S. Agency for International Development (USAID) mission has stated it will support expansion.
- AMTSL has been integrated into the Democratic Republic of Congo (DRC) national strategy, and the policy has changed to integrate maternal and newborn care rather than to keep them as separate entities. Additionally, the Ministry of Health (MOH), United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO) are using the materials developed by POPPHI and Basic Support for Institutionalizing Child Survival (BASICS) for training and are advocating having these materials adopted as the national curriculum.
- POPPHI has demonstrated its global reach directly through technical assistance to the American military in Iraq, who were training midwives and physicians in an Iraqi hospital; to Spain and USAID Tanzania on AMTSL indicators; and to University of Michigan health providers on technical issues. In addition, POPPHI has expanded its access to wide-ranging audiences by providing materials to the Philippines; presenting at the Gates-funded misoprostol meeting; and providing PATH materials developed under our Maternal and Newborn Health Technology Initiative (MNTI) project in South Africa to the Access to Clinical and Community Maternal, Newborn, and Women’s Health Services (ACCESS) project for use in Afghanistan. The Global Library of Women's Medicine now has a USAID-approved link with the POPPHI Web site, and Instituto Biologico Argentino (BIOL), the manufacturer of oxytocin in UnijectTM in Argentina, has created a poster on AMTSL based on POPPHI’s poster.

- POPPHI initiated and supported three speakers (plus initiated, but did not provide funding for, a fourth speaker on oxytocin in Uniject™ by HealthTech) at the Global Health Council’s annual meeting in June 2009. These were well attended, even though the session was on a Saturday morning.
- At the April annual meeting of the PPH Working Group, participants affirmed the importance and value of the group and the need for it to continue. There were multiple statements that the work of scaling up PPH prevention activities was not finished and that the PPH Working Group (and its Task Forces) was very effective and central to continuing the progress being made. There was agreement that the group was an important vehicle for sharing new data and collaboration and that priority should be given to find a way to maintain its function.

1.8 Documentation of Best Practices

AMTSL is a best practice, and this project seeks to take this best practice to scale.

1.9 AMTSL Indicator 1 and 2, Community POPPHI PPH Indicator, and Partner Summary Information

N. Darcy collaborated with partner projects to report on their AMTSL data. Refer to **Appendix D**, which includes the cover note sent to all partner projects for semi-annual POPPHI reporting, and the list of projects and names, including HCI (Niger, Benin, Honduras, Ecuador, and Nicaragua), EngenderHealth (Bangladesh), IntraHealth (Mali, Armenia), ACCESS (Rwanda, Nigeria), Ghana (EngenderHealth), Population Council (Senegal), JSI (Ukraine, Georgia), BASICS (Democratic Republic of Congo), RACHA (Cambodia), and PAIMAN (Pakistan).

The following table (*Exhibit 2*) summarizes information for the two AMTSL indicators and the Community PPH indicators from co-operating agencies (CAs), as well as their plans for tracking data for the indicators over the remainder of 2009. (See also *Exhibits 3 and 4*, below.) Refer to **Appendix D** for more details on this summary AMTSL indicator data.

Exhibit 2. POPPHI Partner AMTSL and Community POPPHI PPH Indicator Status and Plans

Country	Project/Partner	Status
Bangladesh	EngenderHealth	EH BCO provided detailed information to POPPHI. See <i>Exhibit 3</i> and <i>Exhibit 4</i> below, and Appendix D for more details.
Rwanda	JHPIEGO/ACCESS	ACCESS provided detailed information to POPPHI. See <i>Exhibit 3</i> and <i>Exhibit 4</i> below, and Appendix D for more details.

Country	Project/Partner	Status
Nigeria	JHPIEGO/ACCESS	ACCESS provided detailed information to POPPHI. See Exhibit 3 and Exhibit 4 .
Ukraine	JSI	JSI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Georgia	JSI	JSI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Armenia	USAID Nova Project	USAID Nova Project provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Cambodia	RACHA project.	The RACHA project provided information from Aug 2008 to Jan 2009. See Exhibit 3 and Exhibit 4 , and Appendix D .
Mali	POPPHI	IntraHealth provided information on both indicators. See Exhibit 3 and Exhibit 4 below, and Appendix D .
DRC	BASICS	BASICS provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Pakistan	PAIMAN	JSI provided detailed information to POPPHI. See Exhibit 3 and Exhibit 4 below, and Appendix D .

Indicator 1: Number and percentage of women in facilities and home where the woman received AMTSL by SBAs within a specified time period.

Exhibit 3. AMTSL Indicator 1 Data

Note: Niger, Benin, Honduras, Ecuador and Nicaragua report the AMTSL indicator based on number of births, not number of deliveries.

Note: Honduras, Ecuador, and Nicaragua report ATMSL based on measurement only of application of oxytocin.

Note: In January 2009, the Secretariat of Health, Honduras, changed the quality measurement to include all 3 elements of AMTSL.

Country	Total # of Vaginal Deliveries ²	# of AMTSL	% of AMTSL
Bangladesh (EngenderHealth)	1,005	952	94.73
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Feb 1, 2009 to Feb 28, 2009	Feb 1, 2009 to Feb 28, 2009	Feb 1, 2009 to Feb 28, 2009

² In project reporting areas only.

Country	Total # of Vaginal Deliveries ²	# of AMTSL	% of AMTSL
Ukraine	32,884	30,978	94.2%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Georgia	6,332	6,205	98%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Armenia	1,170	1,151	78%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Cambodia	15,444 ³	14,363	93%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Feb 1, 2009 to Jul 31, 2009	Feb 1, 2009 to Jul 31, 2009	Feb 1, 2009 to Jul 31, 2009
Mali	126,554	118,208	93.4%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Pakistan	18,398	18,398	100%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Nigeria	<u>21,179</u>	17,720	83.7%%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009
Rwanda	2,138 births	2,138 births	100% births
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1 2009 to May 31, 2009	Jan 1 2009 to May 31, 2009	Jan 1 2009 to May 31, 2009

³ Data from 11 ODs within 4 provinces (Only 5 months of data for KTB OD). Also includes home deliveries.

Country	Total # of Vaginal Deliveries ²	# of AMTSL	% of AMTSL
DRC	147,820	90,475	61.2%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009	Jan 1, 2009 to Jun 30, 2009

Exhibit 4. AMTSL Indicator 2 Data

AMTSL Indicator 2 is defined as the *Number and percentage of targeted districts providing active management of the third stage of labor (AMTSL)*. A targeted district provides AMTSL if more than 20% of facilities in the targeted district provide AMTSL. A facility provides AMTSL when at least 50% of the women receive AMTSL for vaginal deliveries in the facility.

Indicator 2: Number and percentage of targeted districts providing AMTSL.

Country	Number	Percentage
Georgia	12 targeted districts; within these 12 districts, more than 20% of facilities offer AMTSL, with AMTSL rates greater than 50%	100% for 12 districts
	<u>Time period:</u>	
	Jan 1, 2009 to Jun 30, 2009	
Ukraine	Working in 15 of 27 total oblasts (or cities of oblast significance) (Jan 2009 – Jul 2009). Working in 96 facilities. Of these 96 facilities, only 3 of these facilities have AMTSL rates lower than 50%. Out of these 15 districts, 1 district has 2 facilities out of 8 facilities with coverage less than 50%, and 1 other district has 1 facility out of 4 facilities with coverage less than 50%.	
	<u>Time period:</u>	
	Jan 1, 2009 to Jun 30, 2009	
Pakistan	USAID funded PAIMAN project is implementing AMTSL in 10 selected districts (existing districts) of Pakistan. PAIMAN has now expanded to the 14 additional districts and training of the HCPs in AMTSL and use of partograph has just started. Data on use of AMTSL will be collected once the HCPs are fully trained in these additional 14 districts. Total districts of Pakistan are 125.	
	<u>Time Period</u>	
	Jan 1, 2009 to Jun 30, 2009	
Bangladesh (EH)	Working in 6 districts, and 30 <i>upazilas</i> .	100%
	<u>Time period:</u>	
	Feb 1, 2009 to Feb 28, 2009	

Country	Number	Percentage
Mali	Working in four regions (districts), Mopti (8), Koulikoro (9), Sikasso (8), and Bamako D (6). In all districts, 100%.	100%
	<u>Time period:</u> Jan 1, 2009 to Jun 30, 2009	
Cambodia	Working in 4 provinces, in 15 districts. In all 15 districts, which includes 210 Health Centres and 14 RH facilities, AMTSL is provided in more than 20% of these facilities.	100% in 15 districts, 4 provinces
	<u>Time period</u> Feb 1, 2009 to Jul 31, 2009	
Armenia	Number of facilities providing AMTSL – 5 (Armavir, Talin, Sisian, Vedi, Vaik)	60% (3 of 5 target districts (<i>marzes</i>))
	<u>Time period:</u> Jan 1, 2009 to Jun 30, 2009	
Benin	Benin is 85% covered with AMTSL activity (29 health zones out of a total of 34). There are 453 sites implementing AMTSL (CHU, CHD, HZ, CSC, CSA). PISAF works in 39 maternities in Zou and Collines.	
	<u>Time period</u> Jan 1, 2009 to Jun 30, 2009	
Nigeria	ACCESS is working in 22 LGA, with a total of 48 health facilities. AMTSL percentages from 72% to 91% across all health facilities, in the target 22 LGAs.	100%
	<u>Time period:</u> Jan 1, 2009 to Jun 30, 2009	
DRC	Working in 11 districts. During Jan to Mar 2009, 3 districts had AMTSL rates less than 20%. During Apr to Jun 2009, all 11 districts had AMTSL rates between 26% and 92%.	
	<u>Time period:</u> Jan 1, 2009 to Jun 30, 2009	

Country	Number	Percentage
Rwanda	The use of AMSTL (active management of third stage of labor) is 100% among women with vaginal births at the four hospitals monitored (n=2138 vaginal births). The ACCESS program's geographic coverage includes four districts: Gasabo, Kicukiro (Kigali), Nyamagabe, and Nyaruguru (South); five district hospitals; 38 health centers; and approximately 2000 villages.	100% in 4 hospitals, in 4 districts
	<u>Time period:</u>	
	Jan 1, 2009 to May 31, 2009	

USAID Operational AMTSL Data

N. Darcy worked with the following set of USAID partner projects (via e-mail, conferences, and meetings), determining their Operational Plan reporting and verifying that they can share this information with POPPHI. Refer to *Exhibit 5* for summary details, and **Appendix D** for the full set of details.

Exhibit 5. Summary USAID Operational Plan Data by Country (Data from January–July 2009)

Number of countries reporting AMTSL	Total number of vaginal deliveries	Total number of vaginal deliveries with AMTSL	Range of AMTSL percentages (%)	Period of services
(JSI) Ukraine	32,884	30,978	80.42% to 100% (with 4 at 24%, 34%, 35%, 55%)	Jan 2009 – Jun 2009
(JSI) Georgia	6,332	6,205	94.2%	Jan 2009 – Jun 2009
(RACHA) Cambodia	15,444	14,363	88% to 100%	Feb 2009 – Jul 2009
(POPPHI/IntraHealth) Mali	125,554	118,208	89% to 94.4%	Jan 2009 – Jun 2009
(USAID Nova project) Armenia	1,170	1,151	98%	Jan 2009 – Jun 2009
(EngenderHealth) Bangladesh	1,005	952	94.73%	Feb 2009 – Feb 2009
(PAIMAN) Pakistan	18,398	18,398	100%	Jan 2009 – Jun 2009
(ACCESS) Nigeria	21,179	17,720	72% to 91.3%	Jan 2009 – Jun 2009
(Axxess) DRC	147,820	90,475	52% to 70%	Jan 2009 – Jun 2009
TOTALS	369,786	298,450	80.7%	Jan 2009 – Jul 2009
(ACCESS) Rwanda	2,138	2,138	100%	Jan 2009 – May 2009

Number of countries reporting AMTSL	Total number of vaginal deliveries	Total number of vaginal deliveries with AMTSL	Range of AMTSL percentages (%)	Period of services
TOTAL (BIRTHS)	2,138 births	2,138 births	100%	Jan 2009 – May 2009

1.10 M&E Information from Small Grants Activities

The following table (*Exhibit 6*) summarizes the small grant status. Items that have changed from the last report are highlighted in red.

Exhibit 6. Summary Small Grant Data Baseline and Endline Data

Country	Baseline National	Endline National	Baseline Member	Endline Member
1. Benin	YES–Jul 2007	YES– Jul 2007	YES–Jan 2007	YES– Jul 2007 (different format)
2. Bolivia	YES–Jul 2007	YES – Jan 2009	YES–with issues (Jan 2007)	Received details for hospitals in Sucre (Mar 2009)
3. Burkina Faso	YES–Jan 2007	NOT RECEIVED	YES–Jan 2007 We only received 12 baselines. Remainder of 75 was lost in the mail.	YES
4. Cameroon	YES–Jul 2007	YES - RECEIVED	YES–Jan 2007	RECEIVED – deemed unusable
5. Ghana	YES–Jul 2007	NOT RECEIVED – pending GRMA	YES–Jan 2007	NOT RECEIVED – pending GRMA
6. Malawi	YES–Jan 2007	NOT RECEIVED	YES–Jan 2007	YES–Jul 2007
7. Nepal	YES–Jan 2007	NOT RECEIVED	YES–Jan 2007	YES–Jan 2007
8. Pakistan	YES–Jan 2007	Received February 2008 (for period ending Dec 2007)	YES–Jan 2007	Received Feb 2008 (for period ending Dec 2007)
9. Tanzania	NOT RECEIVED	NOT RECEIVED	YES–Jan 2007	YES
10. Uganda	YES–Jul 2007	YES–July 07—	YES–Jan 2007	Yes–Jul 2007

Country	Baseline National	Endline National	Baseline Member	Endline Member
11. Dominican Republic	NOT RECEIVED	NOT RECEIVED	YES–Jul 2007	Yes–Jul 2007 (some issues)
12. Indonesia	YES–Jul 2007	YES - Aug 2009	YES–Jul 2007	NOT RECEIVED – expected end of Aug 2009
13. Peru	YES–Jan 2008	PENDING	YES – Oct 2008	PENDING
14. Mali	RECEIVED – not usable	NOT RECEIVED	RECEIVED – not usable	NOT RECEIVED
15. Ethiopia	NOT DOING	NOT DOING	NOT DOING	NOT DOING
16. Bangladesh (unstarted)	RECEIVED – Jun 2008	Expected end of Aug 2009	Expected end of Aug 2009	Expected end of Aug 2009

Please refer to earlier semi-annual reports for interpretation and data cleaning/management overview.

During this process, we have trained a total of 2,900 midwives, OB/GYNs, medical directors, nurses, and other SBAs (in small grant countries).

Please refer to *Exhibit 7* and *Exhibit 8* for the Bolivia and Indonesia small grant summary information.

Exhibit 7. Bolivia Small Grant Endline Survey Summary

	Midwives Baseline	OB/GYNs Baseline	Other Baseline	TOTAL Baseline	Midwives Endline	OB/GYNs Endline	Other Endline	TOTAL Endline
1. Active management of the third stage of labor is included in country Safe Motherhood protocols.	[<input type="checkbox"/>] Yes *This question was not answered [<input type="checkbox"/>] No				[<input type="checkbox"/>] Yes *This question was not answered [<input type="checkbox"/>] No			
2. Enter the number of member midwives (MW) or obstetricians/gynecologists (OB/GYNs) that have uterotronics available in their clinic or workplace:	21	57	14	92	6	15		21
3a. Enter the number of MWs or OB/GYNs trained in active management of the third stage of labor :	6	28	2	36	9	16		25
3b. Enter the number of MWs or OB/GYNs trained in active management of the third stage of labor including all 3 FIGO/ICM components:	6	26	2	30	8	14		22
4a. Enter the number of MWs or OB/GYNs using active management of the third stage of labor in routine care or as part of their protocol:	11	36	7	54	6	14		20
4b. Enter the number of MWs or OB/GYNs using active management of the third stage of labor including all 3 FIGO/ICM components in routine care or as part of their protocol:	10	29	3	42	5	14		19
5. Number and Percentage of births in facilities where the woman received active management of the third stage of labor (AMTSL) by skilled birth attendants (SBAs) ⁴ within a specified time period:	AMTSL (with pre-training self reported definition) at 30%, in 45 facilities, in 26 districts				AMTSL at 78.8%, in 10 facilities, in 6 districts			
6. Number and percentage of targeted districts providing active management of the third stage of labor (AMTSL).	Calculation pending more information on total number of maternal facilities in each district. For the facilities targeted by the small grant, 12 out of 45 facilities had AMTSL rates greater than 50%.				For these Sucre endline facilities, 8 out of 10 facilities had AMTSL rates greater than 50%.			

⁴ <http://www.who.int/healthinfo/statistics/indbirthswithskilledhealthpersonnel/en/> - refer to WHO definition of SBA

Exhibit 8. Indonesia Small Grant Survey Summary

	Midwives Baseline	OB/GYNs Baseline	Other Baseline	TOTAL Baseline	Midwives Endline	OB/GYNs Endline	Other Endline	TOTAL Endline
1. Active management of the third stage of labor is included in country Safe Motherhood protocols.	[<input type="checkbox"/>] Yes *have not received national baseline yet [<input type="checkbox"/>] No				[<input type="checkbox"/>] Yes *have not received national endline yet [<input type="checkbox"/>] No			
2. Enter the number of member midwives (MW) or obstetricians/gynecologists (OB/GYNs) that have uterotonics available in their clinic or workplace:	57			57			77 students Jakarta ⁵ 92 students Makasar 12 teachers Jakarta 11 teachers Makasar	192
3a. Enter the number of MWs or OB/GYNs trained in active management of the third stage of labor :	1			1			99 students Jakarta 111 students Makasar 41 teachers Jakarta 21 teachers Makasar	272
3b. Enter the number of MWs or OB/GYNs trained in active management of the third stage of labor including all 3 FIGO/ICM components:	52			52			99 students Jakarta 111 students Makasar 41 teachers Jakarta 21 teachers Makasar	272
4a. Enter the number of MWs or OB/GYNs using active management of the third stage of labor in routine care or as part of their protocol:	57			57			99 students Jakarta 107 students Makasar 34 teachers Jakarta 19 teachers Makasar	259
4b. Enter the number of MWs or OB/GYNs using active management of the third stage of labor including all 3 FIGO/ICM components in routine care or as part of their protocol:							99 students Jakarta 107 students Makasar 34 teachers Jakarta	257

⁵ These students and teachers were part of the original AMTSL trainings. They filled out a simpler endline data collection form than the typical small grant form, thus these endlines cannot be directly linked to the original baseline member surveys.

	Midwives Baseline	OB/GYNs Baseline	Other Baseline	TOTAL Baseline	Midwives Endline	OB/GYNs Endline	Other Endline	TOTAL Endline
							19 teachers Makasar	
5. Number and Percentage of births in facilities where the woman received active management of the third stage of labor (AMTSL) by skilled birth attendants (SBAs) ⁶ within a specified time period:	AMTSL (with pre-training self reported definition) at 84%, in 18 facilities, in 12-14 districts (2 districts were not identified)				AMTSL practice, with no dis-aggregation by facilities; students Jakara 98% (1494), students Makasar 97% (1081), teachers Jakarta 100% (135) and teachers Makasar 98.7% (305)			
6. Number and percentage of targeted districts providing active management of the third stage of labor (AMTSL). 1. The number of targeted districts 2. The percentage of targeted districts providing AMTSL (this is (3) divided by (4))	Calculation pending more information on total number of maternal facilities in each district. For the facilities targeted by the small grant, 15 out of 18 facilities had AMTSL rates greater than 50%.				Cannot calculate. No facility or district data was provided. Within the group of students and teachers in Jakarta and Makasar, AMTSL practice rates are above 50%.			

⁶ <http://www.who.int/healthinfo/statistics/indbirthswithskilledhealthpersonnel/en/> - refer to WHO definition of SBA

1.11 Training Information

Note: Pass rate will be 90% for all programs conducting post-training assessments. The training table below (**Exhibit 9**) follows the agreed upon format for reporting training information.

Exhibit 9. POPPHI Training Data

#	Country	Summary Training Information	2006, 2007 Training Overview, Dates, Participants (end of Jul 2006)	Actual Number Trained 2006 (end of Sep 2006)	Target Number Trained 2006 (end of Sep 2006)	Actual Number Trained 2007/2008 (end of July 2007/2008)	Target Number Trained 2007/2008 (end of Sep 2007/2008)	Post Training Pass Rate
7.	Malawi	Train or update 29 SM trainers	See Appendix E	407 total 13 key persons in health	134			
9.	Tanzania	Train 75	See Appendix E	34	75			
2	Nepal	Train 80	See Appendix E	82	80			No post training pass-rate data available (Target 75); AMTSL rate 52% at endline
1	Pakistan	Small grants: Train 150 Bilateral: Train 100	See Appendix E	108	175	472	75	No post training pass-rate data (Target 100); However, in JPMC, Kharader, and Lady Dufferin, AMTSL rates at 90%
3	Bolivia	Train 75	See Appendix E	101	75	24	50	
5	Uganda	Train 50	See Appendix E	74	50			

#	Country	Summary Training Information	2006, 2007 Training Overview, Dates, Participants (end of Jul 2006)	Actual Number Trained 2006 (end of Sep 2006)	Target Number Trained 2006 (end of Sep 2006)	Actual Number Trained 2007/2008 (end of July 2007/2008)	Target Number Trained 2007/2008 (end of Sep 2007/2008)	Post Training Pass Rate
14	Paraguay	Train 140	See Appendix E – small grant transferred	NA	140			
15	Dominican Republic	Train 200	See Appendix E	190	150		50	
11	Mali	Train 150	See Appendix E		75	152	75	Target 125; Post Knowledge evaluation: 68 Post skills evaluation: 55
10	Benin	Train 90	See Appendix E	15 ⁷	90			
11	Burkina Faso	Train 25 midwives	See Appendix E	75	25			
12	Cameroun	Train 25 providers	See Appendix E	25	25			Post Knowledge Evaluation, 25 of 25 achieved 90-100%
4	Peru	Train 200	See Appendix E		200	252		Target 0; Post Knowledge Evaluation 22 (35 total); Post skills 26 (35 total)
6	Ethiopia	Train 20 tutors and 10 heads of schools	See Appendix E	27 and additional 116 health staff and 681 second year and graduating students	30			Trained instructors got an average score of 98% (range: 85-100) at the end of the

⁷ Their plan was actually to train 15 people for 5 days each, and not 90 people for 1 day each. 15 have been trained.

#	Country	Summary Training Information	2006, 2007 Training Overview, Dates, Participants (end of Jul 2006)	Actual Number Trained 2006 (end of Sep 2006)	Target Number Trained 2006 (end of Sep 2006)	Actual Number Trained 2007/2008 (end of July 2007/2008)	Target Number Trained 2007/2008 (end of Sep 2007/2008)	Post Training Pass Rate
								training as compared to pre practical training average score of 74% (range: 56-84).
8	Ghana	100 trainers	See Appendix E	181 (used to be 87 – final report includes more details)	100			Target 100; will track in endline survey AMTSL rate (not available yet)
16	Ecuador	Train 50 nurses and nursing teachers				40	50	For 50 (no pre and post test)
17	El Salvador	Train 30 health providers	Training was cancelled by the Mission and USAID				30	
18 (new)	Indonesia		See Appendix E			122	0	
19 (new)	Regional LAC – ICM	Train regional providers. 80% from Argentina	See Appendix E			104		
20 (new)	Bangladesh	Train trainers and then providers	See Appendix E			284		
Total				1450 (Target 1424)		1450 (Target 330)		
Grand Total				2900 (Target 1754)				

Appendix A: Materials Dissemination

See separate Adobe file.

Appendix B: PPH Working Group Agenda and List of Attendees and Task Force Meeting Minutes

See separate Adobe file.

Appendix C: Trip Reports

See separate Adobe file.

Appendix D: Indicator 1 and Indicator 2 Data

See separate Adobe file.

Appendix E: Training

See separate Adobe file.

Appendix F: ICM-FIGO-EH Reports

See separate Adobe file.

