



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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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

¹ RTI Internaitonal is a trade name of Research Triangle Park.

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Abbreviations—English

ACCESS	Access to Clinical and Community Maternal, Neonatal, and Women’s Health Services
AIDS	Acquired Immunodeficiency Syndrome
AMTSL	active management of third stage of labor
ANC	antenatal care
ASFM	Association of Mali Midwives
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
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
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
CTO	Cognizant Technical Officer (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

GYN	gynecology
HA	health assistant
HCI	Healthcare Improvement Project
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 Services Program
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
MOH	Ministry of Health
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
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
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 Périnatale
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
POPHI	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-Deficience Humaine

1. Progress

1.1 Summary of Activities and Achievements

These past six months have been very productive for the POPPHI project. 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 LAC program has been significantly strengthened by the activities in Honduras and Guatemala, including pilots in oxytocin in Uniject™ in both countries;
- Growth in the community-based programs with either oxytocin in Uniject™ or misoprostol pilots in 4 countries;
- Significant and successful support to efforts to get misoprostol on the Essential Medicine List for PPH indications through organizing and facilitating letters of support to WHO;
- A large number of new, important products, materials, and resources in English, French, and Spanish were added to the POPPHI Web site during this reporting period to help prevent deaths and serious morbidity from PPH; and
- POPPHI is recognized as an important resource for PPH prevention efforts as seen in the requests for guidance and resources during this reporting period.

The Prevention of Postpartum Hemorrhage Initiative (POPPHI) has continued its strong global leadership role in postpartum hemorrhage (PPH) prevention and early treatment during this reporting period. As part of this role, POPPHI has dramatically moved forward with its work on PPH prevention in the Latin American and Caribbean (LAC) region by initiating two pilots of oxytocin in Uniject™ in Honduras and Guatemala. Both programs are innovative and may be instrumental in opening up a market for oxytocin in Uniject™ in the LAC region—to the benefit of the Argentinean producer, Biol. If successful, these pilots will expand the use of the life-saving drug, oxytocin, beyond facilities to Mayan midwives (MWs) and traditional birth attendants (TBAs). Additionally, a misoprostol pilot will also be implemented in Honduras to provide the country with options for uterotonic drug use. The multi-sectoral collaboration between the Ministry of Health (MOH), cooperating agencies and non-governmental organizations (NGOs) has been impressive in Honduras. The Ghana program on PPH prevention also has exciting programs getting underway—with a replication of the Argentinean behavior change program occurring in the two large teaching hospitals; a misoprostol pilot with TBAs, with Ventures Strategies taking the lead and POPPHI providing technical assistance (TA); and implementation of the site and individual training (SAIN) strategy in two regions.

On the policy front, POPPHI supported the addition of misoprostol to the WHO Essential Medicine List by soliciting letters of support from all organizations on our listserv and PPH Working Group distribution list. Letters of support have been sent to the World Health Organization (WHO) Web site and 20 organizations and individuals signed onto the letter initiated by POPPHI. POPPHI's leadership on uterotonic use for induction and augmentation culminated in a fast-tracked article in the *International Journal of Obstetrics and Gynaecology* in December (see **Appendix B**). POPPHI staff also participated in the PPH and Retained Placenta Management—WHO Technical Consultation in Geneva from November 18 to 20, 2008, and joined the second Technical Advisory Meeting (for principal investigators) from December 3 to 5.

The positive effects of POPPHI's partnering, collaboration, and dissemination efforts were dramatically increased during these past six months, with requests for materials or assistance from the Australian Government in preparing their perinatal practice guidelines; Maria Stopes training 1,000 midwives in Pakistan using POPPHI materials from the San Francisco/Mexico program; British midwifery students working in Uganda, Angola, and Canada; and with POPPHI's participation in sessions in the Canadian parliamentary building for the Society of Canadian Ob/Gyn's 10th Anniversary celebration of their women's health program. ACCESS is planning an AMTSL survey in Cambodia, using the POPPHI tools from the Web site and Bangladesh has completed their AMTSL survey with the POPPHI tools. East, Central, Southern, Africa (ECSA) Health Community, Family, and Reproductive Health Programme held a regional dissemination meeting on the AMTSL survey, with support from Africa 2010 and trained trainers in AMTSL practice for the region. Additionally, POPPHI has been visionary in identifying ways to link with the new global project Maternal Child Health Integrated Program (MCHIP) on PPH prevention and early treatment activities.

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

Under new leadership, the International Confederation of Midwives (ICM) received a Year 5 subcontract, and ICM and the International Federation of Gynecology and Obstetrics (FIGO) will complete a third joint statement on physiologic management of the third stage of labor this year. Additionally, FIGO is leading efforts for some additional materials focused on early treatment of PPH, and both organizations will provide support in two (2) to three (3) scale-up countries for the PPH prevention efforts.

A significant number of materials were developed or finalized during the past six months and were put on the POPPHI Web site. The distribution of active management of the third stage of labor (AMTSL) materials and job aids continues, including through the large amount of material available on the Web site. An example of the use of POPPHI materials includes the use of the AMTSL training manuals to train 1,000 Pakistani midwives. The BASICS/POPPHI materials that combine essential newborn care and

AMTSL in an immediate postpartum care package was finalized and will be put on the Web site early in the next reporting period, as will the SAIN materials.

The Bangladesh small grant is still in progress, although communication with their leadership has been difficult during this reporting period. Ghana will be wrapping up their grant with questionnaires for all participants of their training, as well as conducting monitoring and field visits to a selected number of trainees. POPPHI staff is working hard to collect the remaining endline questionnaires, with limited success. Closeout activities are well underway for the remaining grants.

POPPHI staff met with WHO Making Pregnancy Safer leadership and received agreement on creating a joint statement with United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA). M. Islam also showed interest in working on indicators, in combination with work on indicators for other major causes of maternal mortality such as eclampsia, sepsis, and others. POPPHI will follow up early in the next reporting period.

The Monitoring and Evaluation (M&E) specialist continues her extensive efforts, outreach activities, and creative problem solving to collect data on AMTSL indicators from all USAID projects. Given that this effort is fraught with difficulties, POPPHI has been quite successful in collecting the needed data.

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

Task 2 remained a central focus of POPPHI activities during this reporting period. POPPHI staff traveled to Ghana, Honduras, and Guatemala to initiate, facilitate, or monitor the multi-country scale-up activities.

All scale-up countries made progress toward expanding AMTSL, and some countries have actively worked to include misoprostol. In **Mali**, *The Safety and Feasibility of Midwifery Assistants (Matrones) Using AMSTL* report was accepted by Dr. Binta of the MOH, and she recommended to the National Health Service Director that *Matrones* be able to use oxytocin and AMTSL. The *Matrones* study was disseminated to other key stakeholders and will soon be posted on the Web site. The report on the pilot of oxytocin in Uniject™, *Pilot use of oxytocin in Uniject device for AMTSL in Mali: Evaluation of safety and feasibility of a new delivery technology*, with the *Matrones* was also completed and disseminated to key stakeholders during this reporting period. Plans for including it on the Web site are underway. Data received from the Assistance Technique Nationale (ATN) project and Capacity staff indicate that AMTSL is being practiced and recorded for the majority of the births in Mopti and Koulikoro regions where the training has taken place. A monitoring visit is planned by S. Engelbrecht during March 2009, as well as an evaluation visit by N. Darcy. Consultants have been identified for the SAIN evaluation in Mali, which is likely to occur in June or July 2009.

Bangladesh has remained very active by facilitating two meetings of the National Taskforce on Prevention of PPH (September and December 2008); finalizing its national

AMTSL assessment in nine districts that showed that only 16% of providers practiced AMTSL to standard; training 170 service providers; and orienting 226 community skilled birth attendants (SBAs). EngenderHealth staff followed up with 78 trainees in three districts and 57 community-skilled birth attendants (CSBAs). A Bangla version of the AMTSL trainer's manual, participant's handbook, and CSBA orientation handbook on AMTSL have been printed and distributed among the participants (trainers, doctors, nurses, family welfare visitors (FWV), CSBAs). The Bangla dubbing of the AMTSL training video received from POPPHI was completed. EngenderHealth continues to advocate with the management information systems (MIS) unit of the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) to incorporate the AMTSL reporting system. It but has initiated a local reporting system with the use of a rubber stamp, but not all facilities are reporting regularly. During the period of November 2008 to January 2009, 3,279 pregnant women received misoprostol tablets and 1,169 pregnant women used the tablets.

The MOH is now focusing time and effort on addressing cesarean section issues in **Benin**, which has taken their time away from AMTSL activities, and is therefore not taking the time needed to focus on PPH prevention. This has caused delays in completing tasks and finalizing protocols on PPH prevention, induction and augmentation. The Direction de la Centrale d'Achat de Médicaments Essentiels (CAME) management study has been completed by Strengthening Pharmaceutical Systems (SPS) but the diagnostic survey on AMTSL drugs was delayed, as are the final approval of the protocols (the protocols were validated), and the plans of action are not consolidated or implemented. SPS staff, Dr. Derosena, is working to finalize the protocols, but additional strategies are likely needed in Benin to ensure AMTSL scale-up.

Ghana activities include preparations for the Argentinean replication of the National Institutes of Health (NIH) study. A baseline survey of Korle Bu Teaching Hospital (KBTH) and Komfe Anoché Teaching Hospital (KATH) and the opinion leader survey are planned for late February, 2009. The training for opinion leaders/facilitators by Argentinean consultants is planned for late March. S. Engelbrecht is working with POPPHI consultant, Dr. J. Taylor, to implement the SAIN approach, which was re-named PROMISE (PROMoting Maternal and Infant Survival and Excellence) in hospitals in Western and Eastern regions in two districts. Working with Dr. Asare, J. Arcara of Ventures Strategies and B. Jones of Community Based Health Planning and Services-Project (CHPS-TA) have finalized approval and identified regions for the pilot. POPPHI obtained training materials used by Ventures and JHPIEGO for CHPS-TA to serve as a basis for developing the training materials. CHPS-TA has agreed to train TBAs and mother's support groups in the use of misoprostol. Ventures will send a draft protocol that will serve as the implementation document and for Institutional Review Board (IRB) approval by the end of February 2009 for review by POPPHI and Ghana Health Services (GHS) staff. Discussions are beginning with the Health Research Unit on the repeat mini-survey of AMTSL practice. Quality Health Partners (QHP) and POPPHI staff members

were not able to coordinate schedules to allow support by S. Engelbrecht for the on-the-job training and in-depth supervision activities of QHP.

As per the action plan developed with USAID, POPPHI activities have included an evaluation of the Tamarang training workshops by Indonesia's National Clinical Training Network (JNPK) (funded by the Extended Service Delivery (ESD) project) at the request of USAID; presentation of the AMTSL survey data at the large annual meeting of the Indonesian Midwives Association (IBI); presentation of the AMTSL survey in Bangladesh at a conference sponsored by BRAC (POPPHI paid a portion of the costs); and contributing to 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 in process. The AMTSL training in eight hospitals is still under negotiations and the mini-survey is awaiting guidance from Dr. R. Knight on the sampling of facilities.

An oxytocin in Uniject™ pilot is being planned in **Honduras** and **Guatemala**. POPPHI and Health Tech have been working closely with Dr. Iriarte, Dr. Ochoa, and others in Honduras to begin implementation in March. The team is also coordinating with USAID staff in Guatemala to plan for the pilot. Also, the POPPHI consultant and LAC team leader, Gloria Metcalfe, provided support on AMTSL to Ecuador and Paraguay conferences and TA to the Peruvian midwifery schools; she supported AMTSL demonstrations and training at an Argentinean conference sponsored by Biol and extensive follow-up with the Central American OB/GYN Association (COMIN) members to develop and implement small proposals for follow up to the AMTSL surveys in Honduras, El Salvador, Guatemala, and Nicaragua. POPPHI issued a grant to the Nicaraguan ob/gyn association, and it is processing the grant to the Guatemalan association. The USAID mission in El Salvador did not approve the El Salvador ob/gyn association's proposal after much guidance and suggestions by POPPHI staff to the association, thus work with the El Salvador ob/gyn association will not continue. In Honduras, the ob/gyn association was unable to provide a proposal, so POPPHI did not issue that grant either.

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

POPPHI continues to make significant contributions to the effort to strengthen and improve access to community-based PPH prevention strategies. During this reporting period, POPPHI played a lead role in providing support for the submission of an application for misoprostol to be included in the WHO Essential Medicine List for PPH indications. POPPHI is also supporting community based strategies for PPH prevention through the oxytocin in Uniject™ pilot with TBAs in Honduras and Mayan midwives in Guatemala. Product registration is also ongoing, thus if the pilot is successful and the MOH is interested in purchasing it, oxytocin in Uniject™ will be available. A misoprostol pilot is also planned for Honduras. POPPHI and Ventures Strategies have

continued to work closely in Ghana to implement a misoprostol pilot, in collaboration with the MOH. The Ghana Food and Drug Administration (FDA) approved misoprostol for use during this pilot and to be evaluated again upon completion. Bangladesh has moved forward rapidly with a roll-out of misoprostol strategy, and it has implemented this strategy in three districts, with a total of 3,279 pregnant mothers receiving misoprostol tablets and 1,169 pregnant mothers having used the tablet between November 2008 and January 2009.

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

This has been another important period for work on uterotonic drugs and devices under Task 4. WHO has hired Dr. P. VanLook to evaluate the possibility of developing a thermostable oxytocin. S. Brooke and D. Armbruster have provided input to him as he assesses the role of oxytocin in Uniject™ with the time-temperature indicators (TTI) vis-à-vis the development of thermostable oxytocin. The Argentinean FDA completed its approval of oxytocin in Uniject™, and now a new era of possibility and work begins. As discussed above, support for misoprostol use for PPH indications is strong, and the American College of Obstetrics and Gynecology has recently endorsed its use. The introduction packet for oxytocin in Uniject™ is completed by Health Tech, with review and input from POPPHI staff, for use in the pilots in Honduras and Guatemala. 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 complete and has been disseminated to key stakeholders. It will go up on the Web site during the next reporting period.

POPPHI staff continues to work closely with implementing partners, Health Tech and SPS/Rational Pharmaceutical Management Plus (RPM Plus), in a number of areas. Health Tech is an important partner in Honduras and Guatemala, and SPS is collaborating closely in Mali and Benin. As stated above, POPPHI has not received confirmation on SPS's ability or willingness to assist with a policy brief on uterotonic costs. Collaboration with these organizations has greatly assisted POPPHI in its work under Task 4.

A representative of the manufacturer of oxytocin in Uniject™ in Argentina-Biol, Dr. P. Lopez, held a conference, modeled after the POPPHI LAC conference, to share information with the Argentina OB/GYN and midwifery community. POPPHI, in collaboration with Health Tech, supported G. Metcalfe, to present and demonstrate AMTSL at this conference. G. Metcalfe has just been invited to return to Argentina to present at another conference sponsored by Biol—and Biol will provide financial support for G. Metcalfe's assistance and travel. Biol intends to submit an application for oxytocin and oxytocin in Uniject™ to the WHO prequalification process for oxytocin and is receiving assistance in this effort from Health Tech.

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 final seven months of the POPPHI project, the POPPHI project will focus on ensuring that all scale-up countries are completing activities according to the planned time frame; prioritize evaluation activities such as the SAIN evaluation, the repeat AMTSL mini-surveys, N. Darcy's monitoring and evaluation (M&E) visits; and planning and implementing end-of-project activities, including reports, summary meetings and transitioning successful country activities to MCHIP. Ghana and Indonesia will receive particular attention, given their current status, to ensure interventions move forward quickly or plans are revised. The SAIN evaluation will be planned and will start in the next reporting period. LAC activities, particularly in the two focus countries of Honduras and Guatemala, will increase with pilot programs for oxytocin in Uniject™ in progress.

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. Data and reports on the Mali *Matrones* study and the Mali oxytocin in Uniject™ pilot will also be disseminated.

Finally, POPPHI staff will address a few remaining policy challenges that include either a joint statement between WHO, UNICEF, and UNFPA, or an alternative mechanism to ensure that each organization's country offices are updated and supportive of AMTSL policies. POPPHI plans to follow up with WHO on the possibility of identifying a global indicator for AMTSL.

POPPHI will wrap up and close out the majority of the small grants. Bangladesh will be the final grant to close out in May–June 2009.

1.3 Activities Ongoing and Completed by Task

General

All activities in this period are either ongoing or completed; these include:

- Maintain master calendar of events.
 - WHO Making Pregnancy Safer division led an online Community of Practice dialogue on AMTSL from September 29–October 10, 2008. with D. Armbruster providing opening discussion and participating in ongoing dialogue with global participants in English. G. Metcalfe, POPPHI's LAC consultant, participated as a Spanish language commentator and discussant.
 - PPH and Retained Placenta: WHO Technical Consultation—November 18–20, 2008. D. Armbruster participated in this activity.

- AMTSL without Controlled Cord Traction: A Randomized Non-Inferiority Controlled Trial—2nd Principal Investigators meeting December 3–4, 2008, was attended by D. Armbruster.
- All task forces scheduled to meet on April 6, 2009.
- POPPHI continues to support the listserv on PPH prevention.
- The POPPHI Web site was reorganized and updated; numerous documents were added in August 2009.
- Three presentations will be presented on oxytocin in Uniject™ as part of three different panels at the Global Health Conference in June 2009. Additionally, POPPHI staff will present on misoprostol in a panel.
- 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:
 - Pilot use of oxytocin in a Uniject™ device for AMTSL in Mali
 - Brochure: PPH Prevention and Initial Management: Rational use of uterotonic drugs in labor
 - Ghana AMTSL Survey Report
 - Report of a POPPHI visit to the Quality Assurance Project sites in Niger, West Africa (April 2008)
 - Joint statement signed by SOMAGO and ASFM
 - Toolkit (revised)
 - Job Aid: Documenting Uterotonic Drug Use
 - Job Aid: Storage of Uterotonic Drugs
 - HealthTech and POPPHI continue to work closely, focused on oxytocin in Uniject™ and POPPHI Task 4.
 - SPS/RPM Plus staff, and POPPHI continue to collaborate.
 - Benin: SPS/MSH (M. Derosena) provided updates on activities in Benin. See Task 2, number 2: Scale up in 5 countries, bullet 2, Benin.
 - The uterotonic fact sheets are completed and now available on the Web site.

- Mali: E. Nfor, SPS staff member, has recently opened an SPS office in Bamako and is based there. He plans a visit to the MOH and Dr. Binta to finalize plans for drug management and the survey.
- Identify and track current and ongoing research and country implementation related to AMTSL and misoprostol.
 - The NHS finalized the *Matrones Study* report with S. Engelbrecht, and Dr. Binta recommended that *Matrones* be authorized to practice AMTSL. Venture Strategies was put in contact with Dr Keita. Dr Keita is postponing decisions on misoprostol until a decision is made to authorize *Matrones* to practice AMTSL.
- Convene the PPH WG Meeting.
 - The PPH WG will meet on April 6, 2009.
- A member of the POPPHI team continues to serve on the Technical Advisory Group (TAG) and steering committee of the new WHO AMTSL study.
 - A second TAG meeting was held in December, 2008, with D. Armbruster participating. The meeting focused on finalizing the protocols for the study and addressing final details on implementation. POPPHI is sending AMTSL CD-ROMs (the clinical tutorial versus the original AMTSL CD-ROM) to assist them in standardizing training.

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**
 - Update protocols for augmentation/induction; storage of uterotonics; use of misoprostol for AMTSL and PPH indications; and the use of misoprostol and oxytocin in the absence of controlled cord traction (CCT) in Benin and Mali.
 - The protocols are stalled in Benin, related to the current interest of the MOH focus on cesarean sections (see *General, bullet 2, dash 5 for additional information*).

- Create protocol for misoprostol and oxytocin for community-based (CB) care in Benin and Mali.
 - These protocols have not moved ahead because of the new interest on the part of the MOH
- Additional collaborative efforts between FIGO, ICM, and POPPHI
 - 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 E**, for ICM (July to December 2008) and FIGO (January to December 2008) reports.

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 to Clinical and Community Maternal, Neonatal, and Women's Health Services (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.
 - POPPHI has focused on updating the Web site and ensuring that all POPPHI (and other related) materials are available on the Web site, including an updated PPH Toolkit that was posted in this reporting period. With these updated materials available, the hardcopies are no longer as in-demand. ACCESS continues to distribute these materials. Materials distributed include: one condensed PPH toolkit sent to Nigeria (plus previous 2,177, for a total of 2,178) as well as 17 (plus previous 3,141, for a total of 3,158) English CD-ROMs; 41 (plus previous 561, for a total of 602) French CD-ROMs; and 181 (plus previous 498, for a total of 679) Spanish CD-ROMs that were supplied in 9 countries, including the United Kingdom, Angola, Argentina, Canada, Nigeria, Mexico, Paraguay, Peru, and Senegal. Refer to **Appendix A** for complete details.
 - Job aids continued to be distributed: 35 (plus previous 4,771, for a total of 4,806) English posters; 5 (plus previous 3,662, for a total of 3,667) English fact sheets; 10 (plus previous 3,807, for a total of 3,817) French posters; 10 (plus previous 2,927, for a total of 2,937) French fact sheets; 113 (plus previous 3,275, for a total of 3,388) Spanish posters; and 163 (plus previous 2,822, for a total of 2,985) Spanish fact sheets have been supplied during this reporting period. The 6 countries include Canada,

Mexico, Nigeria, Pakistan, Paraguay, and Peru. Refer to **Appendix A** for complete details.

- The Spanish posters, fact sheets, and CD-ROMs are the materials that were the most requested during this reporting period
- The Web-based updated tool kit is completed and is available on the Web site

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

- Work with WHO, UNICEF, and UNFPA to obtain a statement in support of AMTSL that will be sent to country offices for their inclusion in priority activities.
 - Met with WHO Making Pregnancy Safer and received agreement to develop a joint statement during December 2008. POPPHI will work with all organizations early in the next reporting period to complete this document.
- Follow up and maintain activities that support a continued relationship with the Cooperating Agencies and their Cognizant Technical Officers (CTOs) 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.
 - POPPHI continues its collaboration with IntraHealth, ATN, and CARE in Mali; Quality Health Project and CHPS-TA projects in Ghana; and Ventures Strategies and Gynuity on misoprostol programs.
 - POPPHI continued its collaboration with BASICS on the combined essential newborn and AMTSL postpartum care package. The materials developed in the Democratic Republic of Congo (DRC) for the DRC AXxess bilateral project will be available on the Web site in French and English in the next reporting period.
 - POPPHI continues close collaboration with HCI or the University Research Company (URC) bilateral projects in Honduras and Guatemala.
 - East, Central, Southern, Africa (ECSA) Health Community, Family, and Reproductive Health Programme, through support and guidance from Africa 2010, have supported policy and guideline development on AMTSL in the region.

- Supported A. Getachew, Ethiopia, to train five trainers in AMTSL in a TOT in Arusha, Tanzania
- Hosted a regional dissemination meeting on November 13-14, 2008 for the AMTSL survey work completed in Tanzania, Uganda, and Ethiopia.
- Supported policy work in Uganda to ensure that PPH prevention and AMTSL policies were up to date.

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

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

- Collect, analyze, use (to assist in evaluating impact), and disseminate endline survey data.
 - Ongoing
- Provide a cost extension to small grant recipients in scale-up countries.
 - No cost extensions were provided to small grant recipients after POPPHI completed the evaluation of proposed activities and budget constraints.
- Additional activities related to small grants:
 - The Pakistan small grant closed.
 - The Bangladesh small grant started and the national baseline survey has already been received. Training activities were planned, but POPPHI staff has not received updated information on the status.
 - POPPHI awaits final reports from Bolivia, Dominican Republic, 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). Ethiopia did not complete surveys as part of their activities. Mali², Tanzania, and the Dominican Republic never provided this information, and both Mali and Tanzania are now closed, with the Dominican Republic expected to close during the next reporting period.
 - No additional countries sent in national endline surveys during this period. 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 national baseline. Most countries do not send in national endline surveys because there are no changes at the national level during the

² Mali national level AMTSL information is tracked with POPPHI scale-up activities.

process of their small grants period. We expect to receive national endline surveys from Indonesia, Peru, Ghana, and Bangladesh during the next reporting period.

- One additional small grant country (Peru) sent in completed member baseline surveys during this period for all seven districts and eight trainings. POPPHI entered that data from all trainings and provides the summary baseline report in *Exhibit 7*. 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). Ethiopia did not complete member surveys as part of their activities. POPPHI received aggregate reporting member baseline information from Mali that did not match the survey and cannot be used to generate reports. POPPHI expects to receive the member baseline surveys from Bangladesh during this next reporting period, and expects to have usable results from 14 countries for the member baseline survey.
- Peru sent in member endline surveys for the LIMA district during this period. POPPHI expects to receive the remainder summary endline data in the final reporting period. POPPHI has received results of the member endline surveys from seven countries (Burkina Faso, Tanzania, Pakistan, Benin, Malawi, Nepal, and Uganda) to date, and has received results of the member endline surveys from three additional countries (the Dominican Republic, Cameroon, and Bolivia) that have issues, rendering their survey data unusable for now. Mali provided no member endline survey data. Ethiopia did not provide member endline survey data because this was not part of their small grant activities. POPPHI expects to receive member endline survey data from Ghana, Indonesia, Peru, and Bangladesh during this next reporting period, and expects to have usable results from 11 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 February 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 will be held on April 6, 2009.

- Create and field test SAIN alternative learning strategy in Mali
 - Activities continue in the Mali regions of Mopti and Koulikoro, using the SAIN approach.
 - S. Engelbrecht will make a monitoring and assessment visit in March 2009
- Share SAIN strategy with other countries for possible implementation
 - Ghana is implementing the SAIN strategy under the name of PROMISE hospitals (PROMoting Maternal and Infant Survival and Excellence)
 - S. Engelbrecht will be providing TA to Ghana to implement this strategy in March and April 2009.
 - S. Engelbrecht is using the SAIN methodology in a non-USAID PATH project in South Africa—Maternal and Newborn Health Technology Initiatives in the KwaZulu Natal province.
- Evaluate SAIN alternative learning strategy in Mali (renamed mentoring strategy or system)
 - N. Darcy will carry out evaluation activities in Mali in the first quarter of 2009
 - Plans have begun for an external evaluation of SAIN with a potential consultant identified. The anticipated evaluation dates are June–July, 2009
- Include SAIN strategy documents and materials on the Web site
 - AMTSL Learning Materials (French and English)
 - See Task 1, number 2, bullet 1, dashes 1 and 2 for the numbers of toolkits, CD-ROMs, and job aids distributed during this time period
 - SAIN learning materials (French and English)
 - French learning materials for SAIN approach are completed and were added to the Web site in October 2008.
 - The materials have been used and disseminated in Mali.
 - English materials are almost completed and will soon be available on the POPPHI Web site³.
- 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 are developing the cost model with ongoing discussion. The cost model will be available during the next reporting period, after the SAIN external evaluation is completed during June–July 2009.
- 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

³ Due to the re-organization of the POPPHI Web site, these materials will be posted in the next reporting period

variety of ways, including Web site (including use in a mother and child health program in Senegal—not POPPHI funded).

- Currently in process. S. Engelbrecht translated the maternal materials into English and made these “generic.” POPPHI is waiting for newborn translated materials from BASICS, for S. Engelbrecht to then make them available on the Web site and complete the integrated generic materials.
- Use behavioral intervention(s) to increase AMTSL (replication of the Argentinean NIH study) in two teaching hospitals in Ghana
 - POPPHI is continuing work with the Argentinean researchers from the NIH study that increased AMTSL in hospitals by 67%. The Argentinean researchers have completed a programmatic model and plan to implement in Ghana with POPPHI support over the next six months. See Task 2, number 2 Scale up, bullet 5 Ghana, subbullet 5 for additional information.

2. Scale up AMTSL in five countries.

- Mali

Dr. B. Keïta, from the MOH, informed E. Nfor that their priority was to scale up the practice through continuation of AMTSL training for service providers; Dr. B. Keïta informed us that this training was already started at the secondary level of the health system in all regions of Mali except the region of Kayes. Venture Strategies was put in contact with Dr Keïta. Dr Keïta is postponing decisions on misoprostol until a decision is made to authorize *Matrones* to practice AMTSL

- Continue collaboration with the ATN and Capacity/IntraHealth projects to conduct the pilot study: *The Safety and Feasibility of Midwifery Assistants(Matrones) Using AMTSL*
 - Study and report completed and disseminated to key stakeholders. The report will be made available on the Web site.
 - *Matrones* in Mali: Dr B. Keïta, the Director for Reproductive Health of the National Health Services (NHS) presented the results, and recommended to the NHS to authorize *Matrones* to practice AMTSL.
 - Dr. B. Keïta informed E. Nfor, of SPS, that the Director General of the National Health Service has not authorized the use of oxytocin by *Matrones* to date.
- Continue collaboration with the ATN and Capacity/IntraHealth projects to conduct feasibility study of introducing oxytocin in Uniject™
 - Study on introduction of oxytocin in Uniject™ is completed; the report has been disseminated and will be loaded to the POPPHI Web site soon.
- Implement SAIN and communication strategy in two regions

- Ongoing
- Integrate AMTSL into supervisory tools and data collection in two regions
 - Ongoing: AMTSL and PPH prevention activities were integrated into national supervisory tools, but are still awaiting their approval.
- Provide TA to SPS to conduct the AMTSL global survey and dissemination workshop or provide TA to the MOH on drug logistics (depends on MOH request)
 - In a recent meeting with E. Nfor, Dr. B. Keïta stated that sufficient information on the practice of AMTSL was available and thus no need for another study.
 - She stated, however, that SPS could carry out a rapid assessment of the storage and use of uterotonics in the country.
 - Dr. B. Keïta was in support of the activity to develop job aids.
 - Dr. B. Keïta regretted the existence of the constraint that *Matrones* were not authorized to administer oxytocin. An approval by the MOH Director will be required to give *Matrones* this right.
- 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
 - SPS/MSH conducted a study centered specifically on CAME (Centrale D’Achat Des Medicaments Et Consomables Medicaux – Central Medical Stores) management from November 17–December 20, 2008. The report is being finalized now.
 - A diagnostic on AMTSL drug management in a sample of facilities will still occur but has been delayed.
 - The updated protocol is now validated, but has not received final approval
 - The departments’ plans of action (following the regional dissemination workshop) are not consolidated and implemented because of the current focus of the MOH on cesarean section (C/S); however, SPS staff is trying to include this activity, following the study on AMTSL drug management.
 - Provide TA to SPS if they conduct a follow-up AMTSL survey (mini)
 - SPS/MSH is determining if they can conduct a follow-up mini-survey in Benin to assess the practice of AMTSL after two years of ongoing activities.

- Indonesia

Ventures Strategies staff continued to pursue getting approval for misoprostol from the Indonesian FDA through much of this reporting period. POPPHI/USAID assisted by speaking with WHO (M. Gulmezuglu) about the issue. By the end of 2008, A. Graves, Ventures Strategies staff member, acknowledged the inability to move forward with misoprostol in Indonesia. POPPHI's consultant, E. Achadi, also stated that the Maternal Health Department/MOH was not interested in pursuing the National Plan of Action on PPH prevention without the inclusion of misoprostol. The UNICEF program that was conducting a pilot program in a remote region had completed a few trainings (the drug was not available). Eventually, the trainings were stopped when the lack of support from the MOH became apparent.

- AMTSL refresher training in eight hospitals
 - This activity is in the planning stage and negotiations are underway for the training methods and budget. These trainings should occur early in the next reporting period.
- Evaluation of USAID-funded Tamarang (ESD) training
 - USAID requested that POPPHI assist with the evaluation of a JNPK training funded through a small grant from the ESD Project. I. Ariawan, POPPHI consultant, completed the evaluation.
- Community midwives curriculum development
 - In process: If the AMTSL curriculum development occurs before September, 2009 then the clinical training on AMTSL can be included in the curriculum for the midwives at the University of Indonesia School of Public Health
- Presentation of AMTSL survey data at IBI annual conference
 - Completed
- Conduct a follow-up AMTSL survey (mini) or collect representative AMTSL data from POPPHI-funded activities
 - R. Knight is working with N. Darcy and I. Ariawan to develop the sub-sample of facilities to repeat the survey in order to track AMTSL change.

- Bangladesh

- **National PPH Task Force:** EngenderHealth Bangladesh has provided technical and secretarial support to the National Taskforce on PPH. Two quarterly meetings of the PPH Taskforce have been organized: one in September and another in December 2008. Regular participation of the Task Force members demonstrates high interest of all important stakeholders on the subject.

- **AMTSL Assessment:** An assessment on the availability and routine use of AMTSL has been completed during the period of March–May, 2008. The assessment report was finalized during the reporting period and is now ready to share with all stake holders.
- **Local Capacity Building:** For local capacity building, training and orientation on AMTSL were conducted by using the AMTSL training curriculum, adopted from POPPHI material. During the period of August–September 2008, the following has been undertaken (See **Table 1**, and **Tables 2a** and **2b** in **Appendix E**):
 - a. **AMTSL training for service providers:** 170 participants of three districts were trained through nine courses
 - b. **AMTSL orientation for CSBA:** 226 CSBAs from four districts received orientation on AMTSL through seven courses.
 - c. **Trainee follow up:** Follow up of 178 trainees (108 nurses, 13 FWVs and 57 CSBAs of five districts (ChapaiNawabgonj, Kishorgonj, Hobigonj, Moulavibazar, and Jessore) have been completed.
- **Printed materials**
 - a. Bangla version of the trainer’s manual, participant’s handbook, and CSBA orientation handbook on AMTSL have been printed and distributed among the participants (trainers, doctors, nurses, FWVs, CSBAs).
- **AMTSL training video:** Bangla dubbing of the AMTSL training video received from POPPHI is completed.
- **AMTSL reporting system:** Advocacy with the MIS unit of DGHS and DGFP is ongoing in order to incorporate the AMTSL reporting system with the Government of Bangladesh (GOB) existing MIS system. Meanwhile, POPPHI has instituted local level record keeping on AMTSL use through the use of a rubber stamp, along with providing an auto carbon reporting form to the facilities. The facilities are not reporting on a consistently regular basis.
- **Misoprostol Use Phase-1 Implementation:**
 - a. The Misoprostol Use Phase-1 Implementation plan was approved by DGHS on August 6, 2008. It is now being implemented in eight upazilas of the Tangail district.
 - b. According to the plan, one district-level orientation and planning meeting on misoprostol use to prevent PPH was organized in Tangail district on November 3, 2008. A total of 56 health and family planning managers from eight upazilas in Tangail district participated. The tentative schedule for upazila level training was finalized at this meeting.

- c. According to the tentative schedule, 27 upazila level training programs were conducted for 1,291 field workers and their supervisors from 8 Tangail district upazilas. During these one-day training programs, the first part focused on providing information about misoprostol use (when to use, benefits, and managing side effects). The second half of the training focused on field workers' roles and responsibilities.
- d. According to government regulations, usually one health assistant (HA), two or three family welfare assistants (FWAs), and one NGO worker work in each ward (their working area at the community level) according to assigned areas. Thus the working area had to be redivided among these three types of field workers (HA, FWA and NGO) to ensure proper distribution and use of misoprostol by pregnant mothers immediately after delivery of the baby.
- e. After being trained, the GOB and NGO field workers completed registering pregnant women in their working area and distributed misoprostol to those pregnant women who are in their thirty second week or more of pregnancy.
- f. From November 2008 to January 2009, misoprostol was dispensed to 3,279 pregnant mothers, and 1,169 pregnant mothers used the tablet. To date, no adverse situations have been found to occur in any of the eight upazilas as a result of misoprostol use. However, two maternal deaths occurred as a result of PPH. In both instances the pregnant women had been dispensed misoprostol, but had not taken it.
- g. To raise community awareness, the trained field workers also conducted a community meeting. To date, 374 community meetings have been conducted (See **Table 3** in *Appendix E*).
- h. Development of behavior-change communication (BCC) materials on misoprostol use: To create demand at the community level, the following BCC materials have been developed:
 - i. Leaflet on misoprostol use has been printed and distributed to the community people through the health and family planning field workers.
 - ii. Stickers on misoprostol use have been printed (Figure 2 in *Appendix E*): The health and family planning workers are placing two stickers, one inside and one outside the house of the pregnant mothers, while doing registration or distributing misoprostol. The inside sticker helps the pregnant mother and her family members to remember the message, and the outside sticker helps to prompt proper follow up by the field workers and their supervisors, as well as enhance community awareness about PPH prevention.

- Select two districts from those areas
 - One CHPS and one non-CHPS
 - District hospital with motivated director and administrator and labor and delivery ward staff
- Orient, update, and support creation of a PROMISE hospital.
 - Hospital assessment (self reported assessment)
 - Orient and motivate hospital staff and give updates in PPH prevention
 - Clinical skills practice in AMTSL
 - Mentor training
 - Provide models for skills update
 - Practice using new standards for at least one month
- Carry out a rapid appraisal of all clinics in the district (5–10 per district)
 - Assess clinical skills of SBAs (midwives and their assistants)
 - Update and orient all staff to PPH prevention and its importance
 - Motivate staff to regularly practice AMTSL and for all staff to ensure that it is possible (drugs available, oxytocin drawn up on delivery table, etc.). AMTSL recorded on delivery chart or partograph and in log book
 - Distribute self-directed learning material
- Clinical skills refresher or practice at district PROMISE hospital for those midwives identified as needing refresher or desiring further practice
 - Midwives schedule with hospital to visit for clinical skills practice on models with preceptors and to assist at births until competent
 - Receive certificate of competence on AMTSL
- Monitoring and assessment by GHS staff
 - Use the AMTSL tools and on-the-job and in-depth supervision tools
- Write and submit final reports
- Western Region
 - Conduct a survey of providers on barriers or reasons they do not use AMTSL
 - To be conducted with providers from 5–10 facilities
 - Sample: two facilities from each of four zones
 - Train data collectors; pretest; send to sites for 1–2 days for data collection; and analyze data and write report
 - Use data to determine focus of updates to improve practice of AMTSL in Western Region

- Orient, update, and support creation of a PROMISE hospital.
 - Hospital assessment (self reported assessment)
 - Give updates in PPH prevention
 - Clinical skills practice in AMTSL
 - Preceptor training
 - Provide models for skills update
 - Practice using new standards for at least one month
- Carry out a rapid appraisal of all clinics in catchment area of hospital (5–10)
 - Assess clinical skills of SBAs (midwives and their assistants)
 - Update and orient all staff to PPH prevention and its importance
 - Motivate staff to regularly practice AMTSL and for all staff to ensure that it is possible (drugs available, oxytocin drawn up on delivery table, etc.). AMTSL recorded on delivery chart or partograph and in log book
 - Distribute self-directed learning material
- Clinical skills refresher or practice at district PROMISE hospital for those midwives identified as needing refresher or desiring further practice.
 - Midwives schedule with hospital to visit for clinical skills practice on models with preceptors and to assist at births until competent
 - Receive certificate of competence on AMTSL
- Monitoring and assessment by GHS staff
 - Use the AMTSL tools and on-the-job and in-depth supervision tools
- Write and submit final reports
- Replication of Argentina study (CAMBIO) in two teaching hospitals
 - The Korle-Bu Teaching Hospital (KBTH) and the Komfe Anochie Teaching Hospital (KATH) have agreed to participate with the Argentinean researchers to replicate the activities of the NIH-funded behavior change study as a program activity.
 - Two teleconferences have been completed to work out details of the activity.
 - The activities are detailed in the Ghana Work Plan (See **Appendix G**)
 - The baseline assessments of each hospital will be carried out by the Health Research Unit (HRU) of the GHS before the activities start.
 - Dr. Taylor will complete the Opinion Leaders Survey in early March 2009.

- The Opinion Leaders/ Facilitators training, led by the Argentinean consultants, will occur mid-March 2009, and the hospital activities will begin thereafter through July 2009.
 - Conduct AMTSL mini-survey
 - Will be conducted by HRU in June/July 2009
- 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).
 - Working, 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, updated the PMP for Year 5, based on changes in the Year 5 Work Plan.
 - Year 5 PMP will be submitted in February 2009. This semi-annual report is using the proposed Year 5 PMP.
 - 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, private voluntary organizations (PVOs), other USAID projects, and the network of projects and organizations active and working in maternal/child health that include AMTSL.
 - POPPHI staff met with M. Islam in November 2008, and he indicated that he was interested, but preferred including a review of indicators as a package with preeclampsia/eclampsia, sepsis, and others. Further discussion was planned.
 - Finalize simpler methodology to determine whether scale-up activities have been effective.
 - Currently in process. Updates are pending from subsample for Indonesia, so the methodology can be finalized and disseminated.

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

A. LAC Regional Bureau

- Provide grants to country ob/gyn associations in Guatemala and Nicaragua to support the increase of the use of AMTSL by skilled providers.
 - Nicaragua grant: training on AMTSL in academic institutions
 - Guatemala: 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. Dr. Iriarte of USAID has been informed, and both parties agreed that POPPHI would reevaluate in late May/ June 2009. If POPPHI finds another mechanism to complete the survey and funds remain, then it may be possible to complete it.
- 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
 - G. Metcalfe continued to provide TA to the LAC region.
 - Provide TA to conduct an oxytocin in Uniject™ pilot in Honduras
 - G. Metcalfe, the POPPHI consultant; S. Carter from HealthTech; and D. Armbruster from POPPHI, visited Honduras from October 6–10, 2008, and met with Dr. Iriarte, USAID, MOH staff, HCI, and other bilateral program staff, as well as NGOs. Decisions were made to conduct a pilot on oxytocin in Uniject™ with TBAs in one selected area of Honduras. It will be introduced at the district hospital and at a local clinic with short workshops. Then TBAs will be trained in its use. The MOH will oversee the facility-based introduction and a selected NGO will oversee the TBA component of the pilot. POPPHI, in collaboration with Health Tech, will provide technical assistance and oversight of the project. (See **Appendix C** for the trip report details)
 - The facility-based Implementation Plan for pilot introduction of oxytocin in Uniject™ during active management of the third stage of labor in Honduras document has been finalized and translated into Spanish. The protocol for introduction in the communities with TBAs is currently under development.
 - Conduct a misoprostol pilot in Honduras.
 - It was decided to conduct a misoprostol pilot with TBAs in another region of Honduras. The misoprostol will be provided to the TBAs. Although training will be provided to the district and local clinic in misoprostol use, the decision has not been made if the drug will be

supplied to the facilities. Plans have not been finalized on the misoprostol pilot but are in process.

- Provide TA to conduct an oxytocin in Uniject™ pilot in Guatemala
 - G. Metcalfe, POPPHI consultant, and S. Carter, Health Tech staff member, visited Guatemala from October 13–17, 2008. High level details are included in the trip report in **Appendix C**.
- Include efforts to get AMTSL indicator selected by countries and data collection method for AMTSL (in delivery log book)
- Translation of training materials and dissemination of available materials and lessons learned on prevention of PPH, with a focus on AMTSL
 - Translation of AMTSL training manuals into Spanish is underway.

B. Bilateral programs

The bilateral programs were originally developed with US\$100,000 allotted by USAID's Global Bureau for collaboration with three bilateral programs (for a total of US\$300,000) globally. These activities have been completed in all countries—Mali, Pakistan, and Indonesia. Work in Bangladesh was considered bilateral, related to support and involvement of the USAID Mission and connection to a bilateral program. Activities for Mali, Bangladesh, and Indonesia continue and are described under Task 2, number 2, Scale up of AMTSL in Five Countries.

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: Plans are underway for an oxytocin in Uniject™ pilot and misoprostol pilot
 - See Task 2, number 4 A, Provide TA to missions and regional bureaus, bullet 2, dashes 2 and 3 for additional information
- Guatemala: Plans are underway for an oxytocin in Uniject™ pilot.
 - See Task 2, number 4 A, Provide TA to missions and regional bureaus, bullet 2, dash 4 for additional information
- See **Task 4**: number 4, bullet 1—collaborate with Gynuity and Ventures Strategies on misoprostol registration
- See **Task 4**: Collaborative work with Health Tech and SPS (formerly RPM Plus).

- Share findings of *Safety and Feasibility of midwifery assistants (Matrones) using AMSTL* study in Mali for replication in other countries, because the study addresses the issue of whether lower level cadres of health care providers can safely provide uterotonics and AMTSL.
2. **Convene the Community-based Prevention Task Force.**
 - Review, complete activities, and wrap-up
 - CB PPH Prevention Task Force will meet on April 6, 2009.
 3. **Convene the First Intervention Task Force (FITF)**
 - Review, complete activities and wrap-up
 - The FITF will meet on April 6, 2009.
 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.ppphi.org/monitoring_evaluation.php.
 - Revise PMP as needed, based on input from USAID and IPs.
 - Completed and awaiting approval from USAID.
 - 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 Health Tech to facilitate the prequalification process for oxytocin in Uniject™
 - POPPHI continues to collaborate with HealthTech and the 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.

- Develop a policy brief or case study, reviewed by UDD Task Force (TF), on cost-comparison of uterotonics, injection equipment and devices, and cold chain storage for storage of oxytocin.
 - POPPHI prepared a cost comparison document, submitted it to USAID, and it was accepted as a POPPHI deliverable.
 - POPPHI staff met with SPS in early December 2008 to discuss collaborative efforts, and SPS was in the process of determining to what extent they could assist in this task. The policy brief on cost comparison of uterotonics was considered quite feasible, but the remaining component was larger and would need review. No further feedback was received from SPS since that time, and POPPHI will follow up early in the next reporting period.
- 2. Convene the UDD Task Force.**
- Review, complete activities and wrap-up
 - The UDD Task Force will meet on April 6, 2009.
- 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. Suggestions and discussion about dissemination were provided to SPS. SPS has agreed to print 100 copies for Ghana for distribution by GHS. POPPHI is awaiting the distribution plans for the Benin report
- 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/UC Berkley to facilitate use of expertise on misoprostol registration for PPH indications
 - POPPHI is collaborating closely with Ventures Strategies in two of POPPHI's scale-up countries: Bangladesh and Ghana. Work on Indonesia has been terminated because of delays from the Indonesian FDA.
 - POPPHI provided significant support to the effort to include misoprostol in the Essential Medicine List (EML) for PPH indications by soliciting letters of support and initiating a letter (that included many partners' signatures) to be included with the application of misoprostol on the EML. POPPHI worked with Gynuity and Ventures Strategies on this effort.
 - POPPHI worked with 20 organizations and individuals to sign the WHO letter requesting their endorsement for misoprostol to be added to the EML for the indication of PPH.
 - Create a link to a Web site or information on countries where misoprostol is registered

– In Process

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			In process, January and February 2009	Yes–FIGO Year 5 Yes- ICM Year 5
0.2	PPH Working Group (WG) meets 1–2 times a year					Fourth PPH working group scheduled to meet April 6, 2009	WG meets 1–2 times
0.3	Number of skilled birth attendants (SBAs) who attend training in AMTSL	X	X			2,685	1,754 (Sept 30, 2007)
See Appendix F							
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)	X	X			16 issued through July 2008	16 countries
	Small grants effectively measure 2 or more of the agreed upon indicators					13 baseline member surveys completed (of possible 14) 10 endline member surveys completed (of possible 14)	
1.3	Small grants effectively measure 2 or more of the following indicators: 1. AMTSL included in country SM protocols 2. Number of member midwives or	X	X			16 issued through July 2008, and small grants monitoring 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		
	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			2,718 English condensed total, 159 Spanish condensed, 727 reference total, and 3,158 English CD-ROMs total, 602 French CD-ROMs, 679 Spanish CD-ROMs 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			Final annual work plan; will be approved during Feb, 2009 PPH working group scheduled to meet Apr 6, 2009. PMP plan will be submitted Feb, 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			PPH Working Group scheduled to meet 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					Scheduled to meet Apr 6, 2009.	Meets 1–3 times a year
2.5	Job aids developed					Completed and 4,806 English posters; 3,667 English fact sheets; 3,817 French posters; 2,937 French fact sheets; 3,388 Spanish posters; and 2,985 Spanish fact sheets distributed to	Poster, provider, and policy job aids

Task	Performance Standard	Year 5 (Oct 2008 – Sep 2009)				Actual; Date Completed	Target
		1	2	3	4		
						6 countries during this time period, including associations 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			PMP (part of M&E plan) will be submitted Feb, 2009;	Finalized PMP (M&E) with agreed upon indicators
2.7	Number and percentage of targeted districts providing AMTSL	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			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			Global AMTSL survey completed in 10 countries—data analysis, reports completed for 10 with dissemination meetings held in 10. 10 reports finalized, published and on the Web site.	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			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			Consensus on performance monitoring plan and indicators among IPs PMP (part of M&E plan) will be submitted Feb, 2009;	Finalized M&E plan with agreed upon indicators
3.3	Submit performance monitoring report					<i>Semi-annual Report</i> submitted August, 2008	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			<i>Semi-annual Report</i> submitted August, 2008	Submit <i>Semi-annual Report</i>
3.5	Provide technical assistance to missions and regional bureaus	X	X			In progress	Provide technical assistance
3.6	Community Based Task Force meets 1-3x year					Scheduled to meet Apr 6, 2009.	Meets 1–3 times a year
4.1	Critical pathway report completed					Yes December 2004	Yes
4.2	UDD Task Force meets 1–3 times a year					Scheduled to meet Apr 6, 2009.	Meets 1–3 times a year
4.3	First Interventions Task Force meets 1–2 times a year					Scheduled to meet 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 government regulatory or policy	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		
	making bodies Drugs and devices registration report					Drugs and devices registration report in progress	
4.5	Number of countries with adequate cold chains established for storage of oxytocics	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			In progress	No targets agreed upon
4.7	Negotiation for field support or TA with at least 2 missions					Have received field support from Mali mission and LAC Bureau	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 is 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 phone calls, emails 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 is 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

- POPPHI has added a significant amount of material to the Web site during this reporting period
- POPPHI has received many new, more diverse (in focus and geographical location) requests for information and resources on PPH prevention which indicates the success and broad reach of POPPHI's policy, advocacy and educational efforts. The donation of \$500 by a US-based ob/gyn because he believed POPPHI was working on an excellent cause also indicates the extent of POPPHI's outreach.
- Only a year or two ago, POPPHI was concerned that community based strategies using misoprostol or other uterotonics bordered on the impossible. But there are now four (4) countries where POPPHI has facilitated and/ or supported community-based strategies with misoprostol (Bangladesh, Ghana and Honduras) and oxytocin in Uniject pilots in Honduras and Guatemala.

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 (now transitioned to PISAF), Honduras, Ecuador, and Nicaragua), EngenderHealth (Bangladesh), IntraHealth (Mali, Armenia), ATN (Mali), ACCESS (Rwanda, Nigeria, India), Ghana (EngenderHealth), Population Council (Senegal), JSI (Ukraine, Georgia), HSP (Indonesia), BASICS (Democratic Republic of Congo), RACHA (Cambodia), USAID (Dominican Republic), and PAIMAN (Pakistan).

The following table summarizes information for the two AMTSL indicators and the Community PPH indicators from CAs, as well as their plans for tracking data for the indicators over the remainder of 2009. 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	Some preliminary data is available. See Exhibit 3 and Exhibit 4 below, and Appendix D for more details.
Rwanda	JHPIEGO/ACCESS	Some data available, with AMTSL percentage only. See Exhibit 3 below.
Nigeria	JHPIEGO/ACCESS	ACCESS provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 .
Niger	URC-Macro/HCI	HCI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Benin	PISAF	HCI has transitioned AMTSL work to PISAF. HCI provided detailed information from PISAF to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Ecuador	URC-Macro/HCI	HCI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Honduras	URC-Macro/HCI	HCI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
Nicaragua	URC-Macro/HCI	HCI provided detailed information to POPPHI on both indicators. See Exhibit 3 and Exhibit 4 , and Appendix D .
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 .
Senegal	Population Council	Population Council 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.

Country	Project/Partner	Status
See <i>Exhibit 3</i> and <i>Exhibit 4</i> , and Appendix D .		
Cambodia	RACHA project.	The RACHA project provided information from Aug 2008 to Jan 2009.
See <i>Exhibit 3</i> and <i>Exhibit 4</i> , and Appendix D .		
Dominican Republic	USAID/CONNECTA	No data available.
Indonesia	HSP	Data unavailable
India	ACCESS	Some data available, with AMTSL percentage only.
See <i>Exhibit 3</i> below.		
Malawi	ACCESS	Did not track number/% of births with AMTSL, but collected compliance with delivery care performance standards
Mali	POPHI	Data received from Mopti from IntraHealth.
See <i>Exhibit 3</i> and <i>Exhibit 4</i> below, and Appendix D .		
Mali	ATN/EngenderHealth	Data unavailable, and will be collected during travel to Mali in March/April 2009.
Ghana	QHP	Data received.
See <i>Exhibit 3</i> below, and Appendix D .		
DRC	BASICS	Data unavailable
Pakistan	PAIMAN	JSI provided detailed information to POPHI.
See <i>Exhibit 3</i> and <i>Exhibit 4</i> 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 reports 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: for 2009, the Secretariat of Health is changing the quality measurement to include all 3 elements of AMTSL]

Country	Total # of Vaginal Deliveries ⁴	# of AMTSL	% of AMTSL
Bangladesh (EngenderHealth)	10,887	9,995	92%

⁴ In project reporting areas only.

Country	Total # of Vaginal Deliveries ⁴	# of AMTSL	% of AMTSL
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period⁵</u>
	Oct 2007 – Sep 2008	Oct 2007 – Sep 2008	Oct 2007 – Sep 2008
Ukraine	70,485	66,046	93.7%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July 2008 to December 2008	July 2008 to December 2008	July 2008 to December 2008
Georgia	Total number of deliveries =6,765	Total number with AMTSL = 6,630	98%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July to December 2008	July to December 2008	July to December 2008
Armenia	790	668	84.5%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	October 2008 to December 2008	October 2008 to December 2008	October 2008 to December 2008
Cambodia	16,406	15,403	94%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	August 2008 to January 2009	August 2008 to January 2009	August 2008 to January 2009
Niger	16,001 births	15,898 births	99.4% of births
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July 2008 to December 2008	July 2008 to December 2008	July 2008 to December 2008
Benin	1,820 births (startup Mar, 2008)	1,784 births	98%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	May 2008 to November 2008	May 2008 to November 2008	May 2008 to November 2008
Ecuador	9,486 births reviewed	8,983 births	94.7%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July 2008 to December 2008	July 2008 to December 2008	July 2008 to December 2008

Country	Total # of Vaginal Deliveries ⁴	# of AMTSL	% of AMTSL
			2008
Honduras	17,055 births	11,073 births	65%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July to December 2008	July to December 2008	July to December 2008
Nicaragua	31,730 births	31,413 births	42,588 births
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July 2008 to December 2008	July 2008 to December 2008	July 2008 to December 2008
Ghana	Data collected through monitoring tool (interviews of some staff) for the % of facilities with deliveries with CCT (88.8%), uterine massage (78.2%), and administration of oxytocic (90.6%)	Not available	Not available
Mali	<u>4,383</u>	<u>3,373</u>	<u>77%</u>
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	January 2008 to December 2008	January 2008 to December 2008	January 2008 to December 2008
Pakistan	4,328	3,730	86%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	October 2008 to December 2008	October 2008 to December 2008	October 2008 to December 2008
Senegal	<u>121,247</u>	58,926	48.6%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	October 2007 to September 2008	October 2007 to September 2008	October 2007 to September 2008
Nigeria	13,698	13,369	97.6%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	July 2008 to December 2008	July 2008 to December 2008	July 2008 to December 2008
Rwanda			94% of births
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>

Country	Total # of Vaginal Deliveries ⁴	# of AMTSL	% of AMTSL
	January 2008 to September 2008	January 2008 to September 2008	January 2008 to September 2008
			Three hospitals and 13 health centers in two ACCESS focus districts
India			94%
	<u>Time Period</u>	<u>Time Period</u>	<u>Time Period</u>
	October 2007 to September 2008	October 2007 to September 2008	October 2007 to September 2008

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	11 targeted districts	100%
	<u>Time period:</u>	
	July to December 2008	
Ukraine	Working in 15 of 27 total oblasts (or cities of oblast significance) (July 2008 – December 2008). Working in 90 facilities. Of these 90 facilities, only 3 of these facilities have AMTSL rates lower than 50%. Out of these 15 districts, only 1 district has 3 facilities out of 8 facilities with coverage less than 50%.	100% - all 15 oblasts in targeted facilities
	<u>Time period:</u>	
	Jul 2008-Dec 2008	
Pakistan	Data from the 31 selected HFs of the 10 selected districts. Expanding to 23 districts total. There are a total of 125 districts in Pakistan.	Data unavailable
	<u>Time Period</u>	
	October 2008 to December 2008	
Bangladesh (EH)	13 districts, working in 41 facilities. In 2 districts, AMTSL	11 of 13, 85% of districts

Country	Number	Percentage
	percentage is less than 50%.	
	<u>Time period:</u> Oct 2007 - Sep 2008	
Mali	Working in 8 districts within Mopti, from July 2008 to December 2008 (January 2008 to July 2008 working in 6 districts). For all time periods, each district with AMTSL rates greater than 50%.	100%
	<u>Time period:</u> January 2008 to December 2008	
Cambodia	Working in 9 districts, in 3 provinces. Data collected from August 2008 to January 2009, in Banteay Meanchey, Pursat, and Siem Reap	100%
	<u>Time period</u> August 2008 to January 2009	
Armenia	Data is not recorded per district, but per facility. USAID Nova Project works in 5 facilities, the coverage is improving. Overall, there are 64 facilities offering delivery services in Armenia, out of them <ul style="list-style-type: none"> • 54-in regions • 10-in Yerevan 	5 of 64 facilities, 7.8% of delivery facilities
	<u>Time period</u> October 2008 to December 2008	
Senegal	All 28 districts where the MNCH package is offered provide AMSTL. The USAID Senegal bilateral program covers MNCH activities in 5 regions of the country: Kaolack, Kolda, Ziguinchor, Thiès, and Louga.	48.6% deliveries conducted with AMTSL, with SBAs in facilities within the 28 districts.
	<u>Time period</u> October 2007 to September 2008	
Niger	% of country districts providing AMTSL in at least one facility as part of HCI collaborative 2008 is 60%, 25/42 districts.	15 % collaborative covering 25-30% of annual public MOH facility births in Niger.
	<u>Time period</u> January 2008 to December 2008	
Benin	PISAF work targets 6 zones (6 of 34 or 18% of total zones in country) As of Dec. 2008, all 6 (100%) of these zones were providing all 3 elements of AMTSL in at least 20% of facilities in the zone.	100%
	<u>Time period</u> May 2008 to November 2008	
Ecuador	84 out of 169 districts in the country reported on compliance with AMTSL in the second half of 2008; many more districts are expected to be providing AMTSL, but	50%

Country	Number	Percentage
	have not reported compliance	
	<u>Time period:</u>	
	July 2008 to December 2008	
Honduras	69% municipalities (208/299 municipalities)	69%; 55%
	55% Departmental Health regions (11/20 Dept. Health Regions)	
	<u>Time period:</u>	
	January 2008 to December 2008	
Nicaragua	16 of 17 SILAIS	94%
	<u>Time period:</u>	
	July 2008 to December 2008	
Nigeria	24 districts with at least 20% provision of AMTSL	100%
	<u>Time period:</u>	
	January 2008 to December 2008	

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 the *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 October 2007– January 2009⁶)

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	70,485	66046	93.7%	Jul 2008 – Dec 2008
(JSI) Georgia	6,765	6,630	98%	Jul 2008 – Dec 2008
(RACHA) Cambodia	16,406	15,403	94%	Aug 2008 – Jan 2009
(POPPHI/IntraHealth) Mali	4,383	3,373	77%	Jan 2008 – Dec 2008
(USAID Nova project) Armenia	790	668	84.5%	Oct 2008 – Dec 2008

⁶ Not including data reported in the last reporting period for October 2007 – September 2008

Number of countries reporting AMTSL	Total number of vaginal deliveries	Total number of vaginal deliveries with AMTSL	Range of AMTSL percentages (%)	Period of services
(EngenderHealth) Bangladesh	10,887	9,995	92%	Oct 2007 – Sep 2008
(PAIMAN) Pakistan	4,328	3,730	86%	Oct 2008 – Dec 2008
(Population Council) Senegal	121,247	58,926	48.6%	Oct 2007 – Sep 2008
(ACCESS) Nigeria	13,698	13,,369	97.6%	Jul 2008 – Dec 2008
TOTALS	248,989	178,140	71.5% (range from 48.6% to 98%)	Oct 2007 – Jan 2009
(HCI) Niger ⁷	16,001 births	15,898 births	99.4%	Jul 2008 – Dec 2008
(PISAF) Benin	1,820 births	1,784 births	98%	May 2008 – Nov 2008
(HCI) Ecuador	9,486 births	8,983 births	94.7%	Jul 2008 – Dec 2008
(HCI) Honduras	17,055 births	11,073 births	65%	Jul 2008 – Dec 2008
(HCI) Nicaragua	31,730 births	31,413 births	99%	Jul 2008 – Dec 2008
TOTAL (BIRTHS)	76,092 births	69,151 births	90.1% (range from 65% to 99.4%)	Jan 2008 – Dec 2008

1.10 M&E Information from Small Grants Activities

The following table 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

Updates from the last reporting period are highlighted in red.

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)	Following up on details for hospitals

⁷ This data is not included in the AMTSL total, because this is tracked for number of births, and not number of vaginal deliveries

Country	Baseline National	Endline National	Baseline Member	Endline Member
				in Sucre - Jaime Sánchez, San Pedro Claver and Jaime Mendoza CNS
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 – confirmed to receive Mar-Apr 2009	YES–Jan 2007	NOT RECEIVED – confirmed to receive Mar-Apr 2009
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
11. Dominican Republic	NOT RECEIVED	NOT RECEIVED	YES–Jul 2007	Yes–Jul 2007 (some issues)
12. Indonesia	YES–Jul 2007	NOT RECEIVED - pending	YES–Jul 2007	NOT RECEIVED – pending
13. Peru	YES–Jan 2008	Expected Apr 2009	YES – Oct 2008	Partially RECEIVED; Remainder expected Apr 2009
14. Mali	RECEIVED – not usable	NOT RECEIVED	RECEIVED – not usable	NOT RECEIVED
15. Ethiopia	NOT DOING	NOT DOING	NOT DOING	NOT DOING

Country	Baseline National	Endline National	Baseline Member	Endline Member
16. Bangladesh (unstarted)	RECEIVED – Jun 2008	NOT STARTED— Expect during 2008/2009	STARTED – Expected Mar/Apr 2009	NOT STARTED— Expect during 2008/2009

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

During this process, we have trained a total of 2,685 midwives, OB/GYNs, medical directors, nurses, and other SBAs (in small grant countries).

To date, we have collected endline data for **118 facilities for 8 of our small grant countries, with AMTSL rates ranging from 52% (Nepal) to 99% (Malawi)**. Given that trainees indicated that they performed AMTSL in most births at baseline, according to trainees' personal definition of AMTSL, the differences from baseline to endline are not significant. **Refer to previous semi-annual reports for more details, and details of data standards for managing small grant data in EpiInfo and Excel.**

Exhibit 6 summarizes the small grant member and endline survey status. For *Ghana*, the endlines have not been collected and we will collect them during 2009 with the no-cost extension. For *Pakistan*, we have received all expected data from them. The grant for Pakistan is closed.

The most interesting findings of the baseline surveys were that almost every respondent claimed that she/he was using AMTSL, but from the responses it was clear that hardly any one was aware of the latest AMTSL protocol.

Exhibit 7. Peru Small Grant Baseline 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 checked="" type="checkbox"/>] Included in national clinical protocol (includes immediate cord clamping), oxytocin							
2. Enter the number of member midwives (MW) or obstetricians/gynecologists (OB/GYNs) that have uterotonics available in their clinic or workplace:	523							
3a. Enter the number of MWs or OB/GYNs trained in active management of the third stage of labor :	342							
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:	229							
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:	257							
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:	270							
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) within a specified time period:	AMTSL (with pre-training self reported definition) at 81%, in a total of 120 facilities in 7 districts.							
6. Number and percentage of targeted districts providing active management of the third stage of labor (AMTSL). For each targeted district, list by facility 1. The number of targeted districts 2. The percentage of targeted districts providing AMTSL (this is (3) divided by (4))	For the facilities targeted by the small grant, 95 out of 120 facilities had AMTSL rates greater than 50%, in 7 districts.							

1.11 Training Information

Note: Pass rate will be 90 percent for all programs conducting post-training assessments. The training table follows the agreed upon format for reporting training information.

Exhibit 8. 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 F	407 total 13 key persons in health	134			
9.	Tanzania	Train 75	See Appendix F	34	75			
2	Nepal	Train 80	See Appendix F	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 F	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 F	101	75	24	50	
5	Uganda	Train 50	See Appendix F	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 F – small grant transferred	NA	140			
15	Dominican Republic	Train 200	See Appendix F	190	150		50	
11	Mali	Train 150	See Appendix F		75	152	75	Target 125; Post Knowledge evaluation: 68 Post skills evaluation: 55
10	Benin	Train 90	See Appendix F	15 ⁸	90			
11	Burkina Faso	Train 25 midwives	See Appendix F	75	25			
12	Cameroun	Train 25 providers	See Appendix F	25	25			Post Knowledge Evaluation, 25 of 25 achieved 90-100%
4	Peru	Train 200	See Appendix F		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 F	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

⁸ 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 F	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 has not started yet				30	
18 (new)	Indonesia		See Appendix F			122	0	
19 (new)	Regional LAC – ICM training held in Argentina	Train regional providers. 80% from Argentina	See Appendix F			104		
20 (new)	Bangladesh	Train trainers and then providers	See Appendix F			69		
Total				1450 (Target 1424)		1235 (Target 330)		
Grand Total				2685 (Target 1754)				

Appendix A: Materials Dissemination

See separate Adobe file.

Appendix B: Paper – Honduras Implementation Plan

See separate Adobe file.

Appendix C: Trip Reports

See separate Adobe file.

Appendix D: AMTSL Data

See separate Adobe file.

Appendix E: EH-ICM-FIGO Reports

See separate Adobe file.

Appendix F: Training

See separate Adobe file.

Appendix G: Ghana Work Plan

See separate Adobe file.

