## Global Surveys of Scale-Up of National PPH and PE/E Programs (in English)

| QUESTION                                    | RESPONSE AND FURTHER INFORMATION   |
|---|--|
| Country                                     |  |
| Is there an MCHIP presence in this country? | ☐ Yes ☐ No If not, name the leading maternal health bilateral(s) or project(s), and who is implementing it (them). |

**NOTE:** Throughout this questionnaire, the term skilled birth attendant (SBA) is used to describe midwives, nurses with midwifery skills, non-physician clinicians with obstetric skills, general doctors with obstetric skills or obstetric specialists.

|  | Section 1: Postpartum Hemorrhage (PPH)   |   |  |
|--|--|---|--|
| Poli   | Policy   |   |  |
|  | <u>,                                    </u>   |   |  |
| 1. Is AMTSL <sup>1</sup> at every birth approved as national | Is AMTSL <sup>1</sup> at every birth approved as national policy?                                    | Yes   |  |
|  | policy.  | □No   |  |
|  |  |   |  |
| 2.   | Are the steps for correctly performing AMTSL   | Yes   |  |
|  | incorporated into service delivery guidelines?   | (Please attach a scanned/soft copy of the service delivery guidelines for PPH prevention.) <sup>2</sup> |  |
|  |  | No No   |  |
|  |  |   |  |
| 3.   | Is misoprostol on the National Essential   | Yes   |  |
| Э.   | Medicines List (EML), specifically with the  | If Yes, at which level(s) of the health system can the drug   |  |
|  | indication for prevention and/or treatment of<br>PPH at any level of the health system? <sup>3</sup> | be administered?  |  |
|  | The details love of the health ejetem.   | □No   |  |
|  |  |   |  |
|  |  |   |  |
| 4.   | Are midwives authorized to perform manual  | Yes   |  |
|  | removal of placenta at all levels of the health system?  | □No   |  |
|  |  |   |  |
| 5.   | Are midwives authorized to perform AMTSL with  | Yes   |  |
|  | oxytocin at all levels of the health system?   | □No   |  |
|  |  |   |  |
| 6.   | Is oxytocin on the National EML for prevention   | Yes   |  |
|  | and/or treatment of PPH?4  | If Yes, at which level(s) of the health system can the drug   |  |
|  |  | be administered?  |  |
|  |  | □No   |  |
|  |  | Please include a scanned/soft copy of the section in the  |  |
|  |  | EML relating to oxytocin and misoprostol.   |  |
|  |  |   |  |

 $<sup>^{\</sup>mbox{\scriptsize 1}}$  Active management of the third stage of labor

<sup>&</sup>lt;sup>2</sup> In 2011, countries were not asked to provide Service Delivery Guidelines or Essential Medicines Lists.

<sup>&</sup>lt;sup>3</sup> This question was changed in 2012.

<sup>&</sup>lt;sup>4</sup> This question was changed in 2012.

| Trai | Training  |  |  |
|------|---|--|--|
| 7.   | Do pre-service education curricula include AMTSL for all SBA <sup>5</sup> cadres? <sup>6</sup>        | ☐ Yes If Yes, which cadres? ☐ No   |  |
| 8.   | Are students assessed for competency in performance of AMTSL as a clinical skill prior to graduation? | ☐ Yes<br>☐ No  |  |
| 9.   | Is AMTSL included in in-service training curricula for all SBA cadres?                                | ☐ Yes<br>☐ No  |  |
| Dist | ribution of Misoprostol for PPH Prevention  | at Home Birth  |  |
| 10.  | Has the use of misoprostol for the prevention of PPH at home births been piloted? <sup>7</sup>        | ☐ Yes If Yes, please provide some brief details. ☐ No  |  |
| 11.  | Is the use of misoprostol for PPH prevention during home births being scaled up?8                     | ☐ Yes If Yes, please provide some brief details. ☐ No  |  |
| Logi | stics   |  |  |
| 12.  | Is oxytocin available at public facilities that offer maternity services? <sup>9</sup>                | Regularly More than half the time Less than half the time Never  |  |
| 13.  | Is oxytocin free of charge to patients at public health facilities? <sup>10</sup>                     | ☐ Yes<br>☐ No  |  |
| 14.  | How frequently do stock-outs of oxytocin occur at the central/regional levels? <sup>11</sup>          | ☐ Frequently (once in every 2 months or less) ☐ Sometimes (every 3 to 6 months) ☐ Rarely (once a year) |  |

<sup>&</sup>lt;sup>5</sup> Skilled Birth Attendant

 $<sup>^{\</sup>rm 6}$  The wording on this question changed slightly from 2011 to 2012.

<sup>&</sup>lt;sup>7</sup> The wording on this question changed slightly from 2011 to 2012.

<sup>&</sup>lt;sup>8</sup> The wording on this question changed slightly from 2011 to 2012.

<sup>&</sup>lt;sup>9</sup> The wording of this question and the response choices were changed in 2012.

<sup>&</sup>lt;sup>10</sup> This question was added in 2012.

<sup>&</sup>lt;sup>11</sup> The wording of this question changed slightly and the response choices were changed in 2012.

| 15.  | Is oxytocin currently available at the MOH <sup>12</sup> medical store?   | ☐ Yes ☐ No  |  |
|------|---|---|--|
| 16.  | Is misoprostol available at public facilities that offer maternity services? <sup>13</sup>  | ☐ Regularly ☐ More than half the time ☐ Less than half the time ☐ Never   |  |
| М&   |   |   |  |
| 17.  | Is AMTSL included in the national HMIS? <sup>14,15</sup>  | ☐ Yes  If Yes, where are AMTSL data recorded? (e.g., delivery logs, maternity chart, other registers)  ☐ No  If No, are any organizations collecting data on AMTSL? What are their names? |  |
| Prog | Programming   |   |  |
| 18.  | Which activities in PPH prevention and management are being undertaken by the MOH? Briefly specify what is being done.                                |   |  |
| 19.  | Which activities in PPH prevention and management are being undertaken by USAID-sponsored programs? Briefly specify what is being done. <sup>16</sup> |   |  |
| 20.  | Which activities in PPH prevention and management are being undertaken by other donors or other partners? Briefly specify what is being done.         |   |  |
| 21.  | What % of districts are covered by current national PPH programs?   | %   |  |
| 22.  | What % of current SBAs are being reached by programmatic efforts of the current national PPH programs?  | (Provide your best possible estimate and any details you think would be helpful.) $^{17}$   |  |

<sup>12</sup> Ministry of Health

<sup>13</sup> This question was added in 2012.
14 Health Management Information System
15 The response choices were changed in 2012.
16 The wording on this question changed slightly from 2011 to 2012.
17 This wording was added in 2012.

| Орр            | Opportunities for Expansion and Scale-Up   |  |
|----------------|--|--|
| 23.            | Please describe any potential opportunities that you see for program expansion or scale-up.  | (e.g., Champion exists who needs support to disseminate messages; National conference scheduled for next year and curriculum revision planned; MOH has policy in place and needs support for program rollout.) |
| 24.            | What are the three most significant bottlenecks to scaling up PPH reduction programs in your country? Briefly describe what is being done to address the bottlenecks, if anything. |  |
| Contact Person |  |  |
| 25.            | Contact person who will be responsible for updates to this matrix. Include name, telephone number and e-mail address.  |  |

|       | Section 2: Pre-Eclampsia/Eclampsia (PE/E)   |   |
|-------|---|---|
| Polic | Policy  |   |
| 1.    | What drugs are approved through national policy/service delivery guidelines for administration as first-line antihypertensives in severe pre-eclampsia/eclampsia (PE/E)?          | Labetolol Yes No Hydralazine Yes No Nifedipine Yes No Methyldopa Yes No Other (Please describe)   |
| 2.    | What drugs are listed on the National Essential Medicines List (EML), as antihypertensives in management of severe PE/E?  | Labetolol Yes No Hydralazine Yes No Nifedipine Yes No Methyldopa Yes No Other (Please describe)   |
| 3.    | What drugs are approved through national policy/service delivery guidelines as first-line anticonvulsants for severe PE/E?  | MgSO4 Yes No Diazepam Yes No Other (Please describe)  |
| 4.    | Is MgSO4 <sup>18</sup> on the National EML for: severe pre-<br>eclampsia?; eclampsia? <sup>19</sup>   | Pre-eclampsia Yes No  Eclampsia Yes No  Please attach a scanned/soft copy of the service delivery guidelines for the management of severe pre-eclampsia/eclampsia (PE/E), including the protocol for antihypertensives and administration of MgSO4. |
| 5.    | Are midwives authorized to diagnose severe PE/E and administer initial (loading) dose of MgSO4 at lowest level facility that they work at within the health system? <sup>20</sup> | ☐ Yes<br>☐ No   |

 $<sup>^{18}</sup>$  Magnesium Sulfate  $^{19}$  The response choices were added in 2012.  $^{20}$  The wording on this question changed slightly from 2011 to 2012.

| Training    |  |  |
|-------------|--|--|
| 6.          | Do pre-service education curricula include current global management principles for PE/E for all SBA cadres? <sup>21</sup>   | ☐ Yes If Yes, which cadres? ☐ No   |
| 7.          | Are current global management principles for PE/E included in in-service training courses for SBAs?  | ☐ Yes<br>☐ No  |
| Logi        | stics  |  |
| 8.          | Is MgSO4 available at public facilities that offer maternity services? <sup>22</sup>   | Regularly More than half the time Less than half the time Never  |
| 9.          | How frequently do stock-outs of MgSO4 occur at the central/regional levels? <sup>23</sup>  | Frequently (once in every 2 months or less) Sometimes (every 3 to 6 months) Rarely (once a year)                         |
| 10.         | Is MgSO4 currently available at the MOH medical store? <sup>24</sup>   | ☐ Yes<br>☐ No  |
| M&I         | =  |  |
| 11.         | Is an indicator to monitor severe PE/E included in the national HMIS?  | ☐ Yes  If Yes, what is this indicator and where is it recorded?  (e.g., delivery logs, maternity chart, other registers) |
|             |  |  |
| PROGRAMMING |  |  |
| 12.         | Which activities in PE/E prevention and management are being undertaken by the MOH? Please briefly specify what is being done.   |  |
| 13.         | Which activities in PE/E prevention and management programming are being undertaken by USAID-supported implementing partners? Please briefly specify what is being done. <sup>25</sup> |  |
| 14.         | Which activities in PE/E prevention and management programming are being undertaken by other donors or other partners? Please briefly specify what is being done.                      |  |
| 15.         | What % of districts are covered by current PE/E programs?  |  |

 $<sup>^{\</sup>rm 21}$  The wording on this question changed slightly from 2011 to 2012.

<sup>&</sup>lt;sup>22</sup> The response choices were changed in 2012.

 $<sup>^{23}</sup>$  The wording of this question changed slightly and the response choices were changed in 2012.

<sup>&</sup>lt;sup>24</sup> This question was added in 2012.

 $<sup>^{25}</sup>$  The wording on this question changed slightly from 2011 to 2012.

| 16. | What % of current SBAs are being reached by programmatic efforts of the current national PE/E programs?  | (Provide your best possible estimate and any details you think would be helpful.) <sup>26</sup>  |
|-----|--|--|
| Орр | Opportunities for Introduction, Expansion and Scale-Up   |  |
| 17. | Please describe any potential opportunities that you see for program introduction, expansion or scale-up.  | (e.g., Champion exists who needs support to disseminate messages; National conference scheduled for next year and curriculum revision planned; MOH has policy in place and needs support for program rollout.) |
| 18. | What are the three most significant bottlenecks to scaling up PE/E management programs in your country? Briefly describe what is being done to address the bottlenecks, if anything. |  |
| Con | Contact Person   |  |
| 19. | Contact person who will be responsible for updates to this matrix. Include name, telephone number and e-mail address.  |  |

 $<sup>^{\</sup>rm 26}$  This wording was added in 2012.