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

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| QUESTION | RESPONSE AND FURTHER INFORMATION |
| Country |  |
| Is there an MCHIP presence in this country?  | [ ] Yes**[ ]** NoIf 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) |
| Policy |
| 1. | Is AMTSL[[1]](#footnote-1) at every birth approved as national policy?  | **[ ]** Yes**[ ]** No |
| 2. | Are the steps for correctly performing AMTSL incorporated into service delivery guidelines?  | [ ]  Yes (Please attach a scanned/soft copy of the service delivery guidelines for PPH prevention.)[[2]](#footnote-2)[ ]  No  |
| 3. | Is misoprostol on the National Essential Medicines List (EML), specifically with the indication for prevention and/or treatment of PPH at any level of the health system?[[3]](#footnote-3)  | **[ ]  Yes** If Yes, at which level(s) of the health system can the drug be administered? [ ]  **No**  |
| 4. | Are midwives authorized to perform manual removal of placenta at all levels of the health system? | **[ ]  Yes****[ ]** N**o** |
| 5. | Are midwives authorized to perform AMTSL with oxytocin at all levels of the health system? | **[ ]  Yes****[ ]  No** |
| 6. | Is oxytocin on the National EML for prevention and/or treatment of PPH?[[4]](#footnote-4) | **[ ]** Y**es**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. |
| Training |
| 7. | Do pre-service education curricula include AMTSL for all SBA[[5]](#footnote-5) cadres?[[6]](#footnote-6) | [ ]  **Yes**If Yes, which cadres? [ ]  **No**  |
| 8. | Are students assessed for competency in performance of AMTSL as a clinical skill prior to graduation? | [ ]  **Yes**[ ]  **No** |
| 9. | Is AMTSL included in in-service training curricula for all SBA cadres?  | [ ]  **Yes**[ ]  **No** |
| Distribution of Misoprostol for PPH Prevention at Home Birth |
| 10. | Has the use of misoprostol for the prevention of PPH at home births been piloted?[[7]](#footnote-7) | [ ]  **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]](#footnote-8)  | [ ]  **Yes**If Yes, please provide some brief details.[ ]  **No** |
| Logistics |
| 12. | Is oxytocin available at public facilities that offer maternity services?[[9]](#footnote-9) | [ ]  Regularly[ ]  More than half the time [ ]  Less than half the time [ ]  Never      |
| 13. | Is oxytocin free of charge to patients at public health facilities?[[10]](#footnote-10) | [ ]  **Yes**[ ]  **No** |
| 14. | How frequently do stock-outs of oxytocin occur at the central/regional levels?[[11]](#footnote-11) | [ ]  Frequently (once in every 2 months or less)[ ]  Sometimes (every 3 to 6 months)[ ]  Rarely (once a year) |
| 15. | Is oxytocin currently available at the MOH[[12]](#footnote-12) medical store? | [ ]  **Yes**[ ]  **No** |
| 16. | Is misoprostol available at public facilities that offer maternity services?[[13]](#footnote-13) | [ ]  Regularly[ ]  More than half the time [ ]  Less than half the time [ ]  Never |
| M&E |
| 17. | Is AMTSL included in the national HMIS?[[14]](#footnote-14),[[15]](#footnote-15) | **[ ]  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?  |
| 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.[[16]](#footnote-16) |  |
| 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]](#footnote-17)  |
| 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) |
| 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 [ ]  NoNifedipine  **[ ]  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[[18]](#footnote-18) on the National EML for: severe pre-eclampsia?; eclampsia?[[19]](#footnote-19) | 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?[[20]](#footnote-20) | **[ ]  Yes****[ ]  No** |
| Training |
| 6. | Do pre-service education curricula include current global management principles for PE/E for all SBA cadres?[[21]](#footnote-21) | **[ ]  Yes**If Yes, which cadres? **[ ]  No** |
| 7. | Are current global management principles for PE/E included in in-service training courses for SBAs? | **[ ]  Yes****[ ]  No** |
| Logistics |
| 8. | Is MgSO4 available at public facilities that offer maternity services?[[22]](#footnote-22)  | [ ]  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?[[23]](#footnote-23) | [ ]  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?[[24]](#footnote-24) | **[ ]  Yes****[ ]  No** |
| M&E |
| 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)**[ ]  No** |
| 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.[[25]](#footnote-25)  |  |
| 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? |  |
| 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.)[[26]](#footnote-26) |
| 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. |  |
| Contact Person |
| 19. | Contact person who will be responsible for updates to this matrix. Include name, telephone number and e-mail address. |  |

1. Active management of the third stage of labor [↑](#footnote-ref-1)
2. In 2011, countries were not asked to provide Service Delivery Guidelines or Essential Medicines Lists. [↑](#footnote-ref-2)
3. This question was changed in 2012. [↑](#footnote-ref-3)
4. This question was changed in 2012. [↑](#footnote-ref-4)
5. Skilled Birth Attendant [↑](#footnote-ref-5)
6. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-6)
7. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-7)
8. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-8)
9. The wording of this question and the response choices were changed in 2012. [↑](#footnote-ref-9)
10. This question was added in 2012. [↑](#footnote-ref-10)
11. The wording of this question changed slightly and the response choices were changed in 2012. [↑](#footnote-ref-11)
12. Ministry of Health [↑](#footnote-ref-12)
13. This question was added in 2012. [↑](#footnote-ref-13)
14. Health Management Information System [↑](#footnote-ref-14)
15. The response choices were changed in 2012. [↑](#footnote-ref-15)
16. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-16)
17. This wording was added in 2012. [↑](#footnote-ref-17)
18. Magnesium Sulfate [↑](#footnote-ref-18)
19. The response choices were added in 2012. [↑](#footnote-ref-19)
20. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-20)
21. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-21)
22. The response choices were changed in 2012. [↑](#footnote-ref-22)
23. The wording of this question changed slightly and the response choices were changed in 2012. [↑](#footnote-ref-23)
24. This question was added in 2012. [↑](#footnote-ref-24)
25. The wording on this question changed slightly from 2011 to 2012. [↑](#footnote-ref-25)
26. This wording was added in 2012. [↑](#footnote-ref-26)