

COMMUNITY PPH PREVENTION INDICATOR REFERENCE SHEET – V3 Jan 11th 2007

Indicator 3: Number and percentage of women in the home where the woman received community PPH prevention within a specified time period.

DESCRIPTION

Precise Definition: Number and percentage of women in the home where the woman received community PPH prevention in targeted areas in a specified time period. This includes vaginal deliveries only.¹ Targeted areas are those where the U.S. Agency for International Development (USAID) partner and Cooperating Agency (CA) maternal and child health projects are implementing community PPH interventions – these include home births with non-skilled birth attendants (SBAs).² Community PPH prevention is defined as the following two elements:

- a. External uterine massage after the delivery of the placenta
- b. Use of a uterotonic drug after vaginal delivery and before the placenta is delivered

Unit of Measure: Number and percentage

DATA ACQUISITION

Data Collection Method: Community PPH prevention data can be collected in two ways:

- (1) When community PPH prevention is included in the non-SBA logbooks for home deliveries.
- (2) In cases where community PPH prevention is not part of routine data collection, and logbooks are not used, the number of women receiving community PPH prevention is determined by surveys, (self-administered or interviewer-administered), as a proxy for what actually happens.

Data Quality:

1. Where data are collected through routine data collection, validation checks should be performed by supervisory visits that include observation of home births. For home deliveries, this can be accomplished by implementing demonstration of births and inspecting supplies of uterotonic in the home. In the cases where patients procure their own uterotonic and there are no births currently happening during the supervisory visit, provision of community PPH prevention can be determined by surveying the non-SBA during home visits.
2. Where there is no routine data collection, supervisory visits should still be performed, observational where possible and then demonstration in the cases where observation is not possible due to lack of deliveries during the supervisory visit (for home).

Supervisory visit frequency will be determined by the ministry of health (national, district in the cases where this is decentralized) when community PPH prevention is included in routine data collection. For instances where community PPH prevention is not included in routine data collection, supervisory visits should occur once during the site specified period.

Data Source(s) - Timing/Frequency of Data Acquisition: Logbooks or surveys (primary) - semi-annually

DATA ANALYSIS AND REPORTING

Method of Calculation: For home births, the percentage is calculated by dividing the number of women who received community PPH prevention recorded in the past time period where community PPH prevention is recorded (numerator) by the total number of women with vaginal deliveries recorded in the past time period (denominator). **Site specified time period includes during the past zero to twelve months, and can be set at fixed intervals for different locations. For example, some sites may record data during one month, and some during three months.**

Data Reporting: Logbooks or surveys reported by USAID partners to POPPHI semi-annually

¹ Does not include C-Section or abortion

² This includes all people that are not SBAs (WHO definition) includes TBA, family members, non SBA community health workers etc

DATA QUALITY AND OTHER ISSUES

Known Data Limitations and Significance (if any): When data is collected via survey, (when the data is not available in logbooks), there are limitations because the data is being recorded based on individual recall of health care staff and is subject to error. The supervisory visits provide some validation of the recall but again only occur once during the time period of data collection. Also, there is usually turnover of health care staff, so we cannot guarantee during baseline and final that the same staff will be interviewed (will try to do this but in some cases it is not possible), which means that someone may be part of the final survey who has not been present all the time during the CA or partner projects so for this person we will not be able to compare baseline and final.

There is no information in this indicator definition about timing of massage as there is insufficient evidence based recommendations on when to start, how frequent to give the massage and when to stop. For administering a uterotonic, there is no restricted timing (e.g. within one minute of birth) because getting the uterotonic after the baby is delivered, even if after 1 minute still has health benefits. The project has determined that using the delivery of the placenta is a reasonable cut-off for this time window and will be easier for women to remember (even though administering the uterotonic after the placenta delivery can have some health benefits).

Actions Taken/Planned to Address Data Limitations: Work to include community PPH prevention in routine data collection.

Indicator Significance and Management Utility: This indicator is used to measure whether community PPH prevention occurred at home births with non-SBAs. This is consistent with the project providing training in community PPH prevention for home-based births and determining pre- and post-training if there is an improvement in the use of community PPH prevention for home births.

Location of data storage: Data will be kept with the project team and reported to POPPHI semi-annually.