

A4

**Monitoring and evaluating framework to reduce
maternal mortality due to postpartum hemorrhage**

Nidhi Gupta

Tata Institute of Social Sciences, Mumbai, India

Contents

Assignment 1 3
 Goal 3
 Objectives 3
 Tasks and activities 3
Assignment 2 6
References 7

Assignment 1

Develop an M&E framework for a 3-year initiative to reduce maternal mortality due to postpartum haemorrhage, through wide training of midwives and upgrade of health facilities in active management of the third stage of labour (AMTSL). ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

Goal

The goal of this programme is to reduce maternal mortality (long-term outcome) in given population i.e. women in reproductive age group in a particular catchment area. To achieve this goal the focus is laid on reducing maternal mortality due to Postpartum Haemorrhage (PPH), as PPH is the main cause of mortality.

Objectives

The objectives to achieve the above mentioned goals are following:

Objective 1: Improve access to obstetric care by a skilled birth attendant.

Objective 2: Improve the quality of Emergency Obstetric Care (EMOC).

Objectives	Evaluation (indicators)
Improve access to obstetric care by a skilled birth attendant.	<ul style="list-style-type: none">• Percentage of deliveries attended by skilled birth attendants.• Percentage of institutional deliveries.• Post natal care (PNC) coverage.
Improve the quality of EMOC.	<ul style="list-style-type: none">• Availability of EMOC in health facilities for active management of the third stage of labour.• Availability of Healthcare provider (HCP) capable of AMTSL.• HCP performance index.• Client perception of care quality.

Tasks and activities

The activities and the tasks required to fulfil these objectives are following:

From supply-side:

1. Training of midwives.
2. Upgrade of health facilities in active management of the third stage of labour (AMTSL).

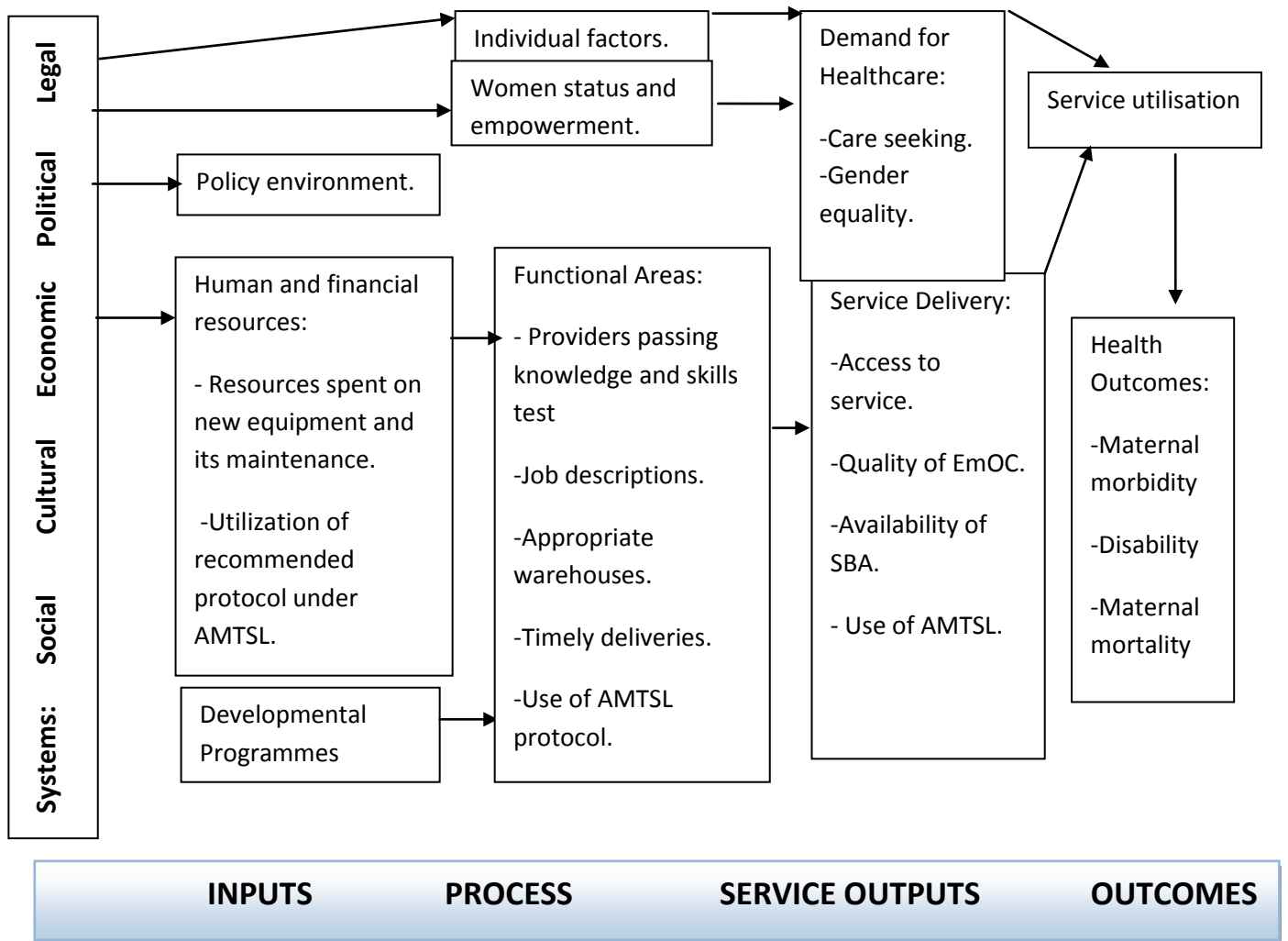
From demand side;

1. Health seeking behaviour of the client.
2. Evaluating client- perception of the services at health facility.

Activities and Tasks	Monitoring Indicators
Training of midwives (input indicators). ¹	<ul style="list-style-type: none"> • Number of midwives trained during three years project period. • Percentage of providers who passed knowledge and skills test.
Health facilities upgrade in AMTSL.	<ul style="list-style-type: none"> • Money spent on new equipment and its maintenance (input indicator). • Utilization of recommended protocol under AMTSL (process indicator).
Strengthening the performance system (process indicator).	<ul style="list-style-type: none"> • Percentage of providers who agreed with job descriptions (process indicator). • Percentage of deliveries where providers used AMTSL protocol appropriately for PPH cases (process indicator). • Average score of provider in AMTSL evaluation checklist.
Service output indicators.	<ul style="list-style-type: none"> • Percentage of stock-out in uterotonic drugs in the last one year. • Client perception of the service provided by the HCP and healthcare facility.

The detailed monitoring and evaluation framework has been provided in the illustration below. For evaluation purpose, a baseline data would be collected on the existing performance. To assess the effect of the intervention, an evaluation would be conducted and include both qualitative and quantitative data. After the intervention qualitative data will be collected from the community. This data will represent clients` perception of the HCP performance and quality of services. Quantitative data shall be collected on the process as well as service indicators mentioned above. WHO`s manual on `Monitoring and Evaluation of Maternal and Newborn Health and Services at the District Level`, has been extensively useful in identifying components of the below mentioned framework in Figure 1 and figure 2.²

Figure 1: Monitoring and Evaluation Framework¹



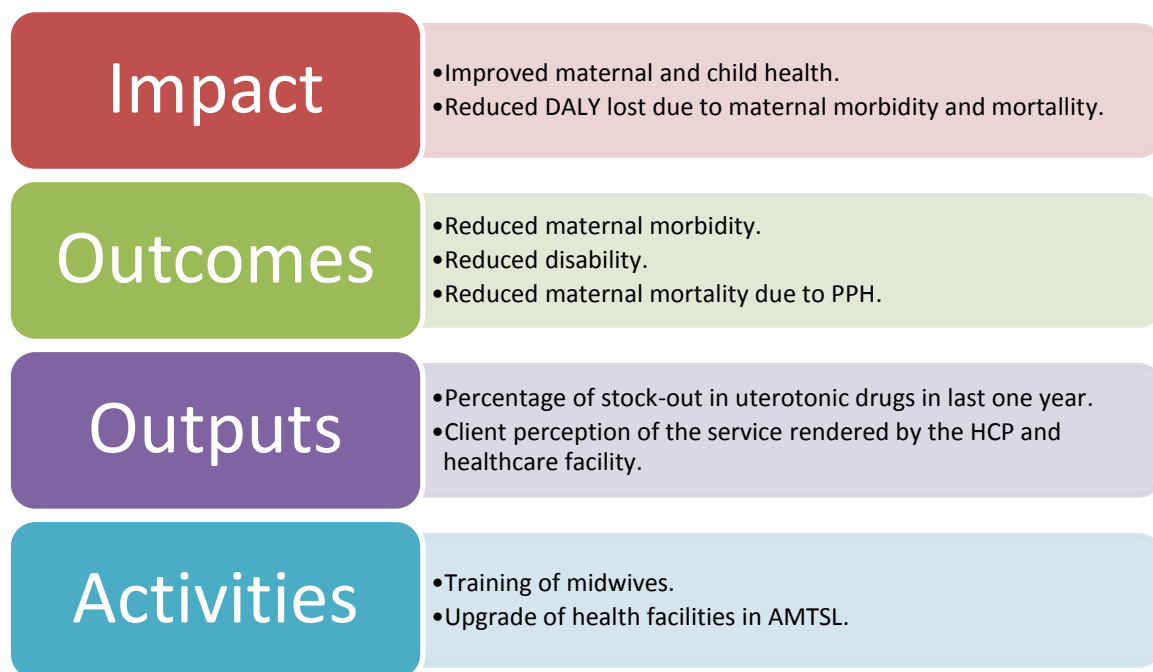


Figure 2: outline of the activities and impact of the programme

Figure 2, has been developed based on the guidelines from M & E guidelines provided by United Nations World Food Programme.³ Once there is clarity on the service and process related output indicators, it becomes very easy to implement the monitoring and evaluation of the project.

Assignment 2

If you wanted to evaluate improved performance, from an average 45% who at baseline know well how to perform AMTSL, how many providers would you need to demonstrate it? And, would you need a "control" group? ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

The sample size required need not be very large as the group is quiet homogenous. Hence a sample of approximately 50 health personals would be sufficient to evaluate if the performance has improved to the level of 80 percent as compared to baseline of 45 percent. I think a pre-test and post-test would be a better way of evaluating the performance (i.e. pre intervention and after the completion of three years of the programme).

Alternatively, in the area under study, two to three blocks can be selected for study where a baseline is conducted when the project is conceived. For the baseline a sample of 100 to 150 health personals can be chosen randomly and then a baseline should be conducted. Then the group should be divided into two i.e. a case and control groups. The case and control should be randomly divided with equal number of health personals in them. There could be a little more health personnel in control group as compared to the case group. Then there should be intervention and then the skill test i.e. the evaluation of both the groups should be done at the end of the project period i.e. three years in this case. Case control is matched as the participants are randomly divided in two groups and also, initially the participants were chosen randomly from the population of the health personals in the blocks under study.

References

1. Bertrand J, Escudero G. Compendium of indicators for evaluating reproductive health programs. Volume 1; 2002. Available from:
<http://www.cpc.unc.edu/measure/publications/ms-02-06>
2. World Health Organization. Monitoring and evaluation of maternal and newborn health and services at the district level. Geneva: World Health Organization; 2007.
3. United Nations World Food Programme. Monitoring & Evaluation Guidelines. Office of Evaluation and Monitoring. Rome: United Nations World Food Programme; n.d.