

A4

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

Yoseph W/Gebriel Gessesse

USAID/Ethiopia, Addis Ababa, Ethiopia

## Contents

Assignment.....	3
Arguments.....	3
References .....	7

## Assignment

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](#))

## Arguments

- Ethiopia has a policy on management of Postpartum Hemorrhage which includes Active Management of Third Stage of Labor. However, the enforcement of the policy varies between regions and health facilities in the country. Therefore, I have put assessment of the status of the situation at the ground as one activity in the process.<sup>1</sup>
- Based on the minimum requirement for different levels of the service delivery points, it will be very useful to define the minimum package of services necessary for each service delivery points.<sup>2</sup>
- Based on the assessment result, health facilities need to be renovated, equipped (with supplies, drugs, and equipment) and health professionals trained on management of TSL.
- Then regular mentorship and coaching visits supplemented with supportive supervision will be implemented to improve the quality of services provided at health facilities. The mentorship and supportive supervisions will serve as good opportunities to give on the spot training for health care workers. Moreover, these interventions also will make possible to alleviate challenges noticed in the health service timely.
- The below framework assumes that, if we try to work on the three main factors for maternal health services in our country (quality of service, human capacity development, and use of data for decision making), we can make a difference in the maternal mortality. Accordingly, I have presented the framework divided in to three parts.<sup>3</sup>

No	Indicator	Definition	Target	Time	Data Source
<b>I</b>	<b>Improve the quality of Health Facilities</b>				
1.	Assess the status labor and delivery units of health centers in the country.	Assessment of the labor and delivery units including the equipment .	100	Year I quarter 1	Assessment report <sup>1</sup>
2.	Develop specification for labor and delivery units.	The specification determines the size, location, and other infrastructure issues as per acceptable standard in the country.	1	Year I Quarter 2	Specification document
3.	Number of health centers renovated as per the specification.	Number of HC renovated and fulfill the minimum standard as per the specification.	95	Year II Quarter 4	<ul style="list-style-type: none"> <li>• Contractor report</li> <li>• Site visit report</li> </ul>
4.	Number of health centers Equipped with the necessary equipments and utensil.	Number of health centers with 2 delivery coaches and other medical equipment.	95	Year III Quarter 1	<ul style="list-style-type: none"> <li>• Site level report</li> </ul>
5.	Number of health centers with functional water, electricity, and water drainage system.	Consistent water and electric power supply available in the labor and delivery units.	95	Year III Quarter 2	<ul style="list-style-type: none"> <li>• Contractor report</li> <li>• Site visit report</li> </ul>
6.	Percentage of health centers	Numerator: number of health	95	Year II and III	Health facility quarterly

	with no episode of stock out for emergency drugs in a year.	centers which did not sustain stock out for MgSo4, ergometrin, and oxytocin.  Denominator: total number of health centers in the district.			reports/stock cards
--	---	--	--	--	---------------------

No	Indicator	Definition	Target	Time	Data Source
<b>II</b>	<b>Training of Midwives</b>				
7.	Average knowledge and skill level of midwives at baseline.	Average knowledge and skill level as per the operational definition of knowledge and skill.	NA	Year I quarter II	Assessment report
8.	Number of midwives trained on AMTL.	Number of midwives successfully completing the AMTL training (Phase I).	400	Year II quarter III and IV	Training report

No	Indicator	Definition	Target	Time	Data Source
<b>III</b>	<b>Performance measure</b>				
9.	Percentage of midwives who are knowledgeable on AMSL.	Numerator: number of midwives who are classified as “knowledgeable” as per the assessment result and operational definition of knowledge.  Denominator: number of midwives assessed.	90%	Year III	Semi annual assessment report
10.	Percentage of midwives who demonstrate “satisfactory” performance on AMTL.	Numerator: number of midwives who are classified as “satisfactory” as per the assessment result and operational definition of skill.  Denominator: number of midwives assessed.	85%	Year III	Post training Assessment report
11.	Percentage of midwives who have got mentoring/coaching for labor and delivery.	Numerator: number of midwives who have got mentoring by Senior midwives six times in a	90%	Year III	Mentoring report

		year. Denominator: number of midwives in the health centers.			
12.	Decrease institutional maternal mortality due to hemorrhage by 50% in year III from the current 18% .	Numerator: confirmed maternal deaths in Health center after delivery due to hemorrhage.  Denominator: number of mothers diagnosed with post partum hemorrhage.	9%	Year III	Registers and summary sheets

## References

1. Federal Ministry of Health. Emergency Obstetrics Assessment in Ethiopia. Addis Ababa: Federal Ministry of Health; 2007.
2. Federal Ministry of Health. Management Protocol on selected obstetrics topics. 1st ed. Addis Ababa; Federal Ministry of Health; 2010.
3. 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>