A4

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

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Contents

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)

Introduction

Monitoring and evaluation is a critical component of measuring the progress made in activities being implemented. Monitoring and Evaluation (M&E) Framework is designed to measure progress towards reducing maternal mortality. The M&E Framework aims to monitor the resources invested, the activities implemented, and services delivered as well as evaluate outcomes achieved and long-term impact made.[1]

In this 3 year initiate the M & E Framework will be based on reducing maternal mortality due to postpartum hemorrhage through training and upgrading of health facilities in the active management of third stage of labor.

Goal

- Improve maternal health in Nigeria in the next 3 years.

Objectives

- To train midwives in the active management of third stage of labour (AMTSL).
- To upgrade health facilities in the active management of third stage of labour (AMTSL).

Activities and task

- Improve supply of essential medicines (Misoprostol, oxytocin etc.).
- Improve equipment for monitoring pregnant women during labour e.g. cardiotocography (CTG), doppler, ultrasound, anti-shock garment.
- Improve laboratory monitoring e.g availability of blood bank, screening kits.
- Training of health care providers (midviwes).

The Frame work[2]

S/No	Goal	Indicator
1	• To train midwives in the active management of third stage of labour (AMTSL)	• No of midwives trained on active management of third stage of labor • % of midwives who passed knowledge and skill test
2	• To upgrade health facilities in the active management of third stage of labour (AMTSL)	• % of midwives using partograph appropriately for labor monitoring in the last month • No of CTG supplied and functional to the delivery room • No of blood screened for HIV, HBV, HCV etc before transfusing • No of anti-shock garment supplied to the delivery room • % stock out of commodities (anti-shock garments, medicines, etc.)

Monitoring and evaluating the framework[2]

Indicator	Numerator	Denominator	Data source	Frequency
No of midwives trained on active management of third stage of labor	N/A	N/A	Training report	Annually
% of midwives who passed knowledge and skill test	No of midwives who passed knowledge and skill test	Total number of midwives who take the knowledge and skill test	Training report	Bi-annually
% of midwives using partograph appropriately for labor monitoring in the last month	No of midwives who use partograph appropriately for labor monitoring	Total No of midwives who use partograph for labor monitoring	Patients case notes	Monthly
No of CTG functional to the delivery room	N/A	N/A	Inventory report	Annually
No of blood screened for HIV, HBV, HCV before transfusing	N/A	N/A	Laboratory register	Annually

No of anti-shock garment supplied to the delivery room	N/A	N/A	Inventory report	Annually
% stock out of commodities (anti-shock garments, medicines, etc.)	No. of months of stock out of commodities	Total No. of months in a year for supply of commodities (12 months)	Logistics report	Annually

Policy to support active mgt 3rd stage of labor Manpower (Midwives) Money Equipments Medicines	Training of midwives Supply chain management Using partograph	Improved skills of midwives Provider performance No Stock out of medicines Screening of blood for HIV, HBV, HCV etc. Reduced postpartum hemorrhage	Improve maternal health
Inputs	Process	Service outputs	Intermediate outcome

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)

Goal

To evaluate an improved performance from an average of 45% at baseline who know how well to perform AMTSL to 90% after 6 months period.

Methods[3]

- To achieve this level of improvement, you will be required to perform a quasi-experiment. This experiment will require two groups, a control group and an intervention group.
- You will be required to calculate sample size.

- To calculate sample size using expected result of 90% (from 45% to 90%), 95% confidential level, power of 80%, and a significant level of 0.05%.
- Using the sample size calculator for comparing two independent sample, you will require 16 health care providers to each intervention and control group to demonstrate this change.

Perform experiment on the intervention group

- Training of health care providers (didactic, on-job, etc.).
- Conduct a different training. For example, training about malaria for the control group.

Measuring the change

- Monitoring and evaluation.

Publish/Disseminate findings

- Disseminate findings with stakeholders (health care providers, policy makers, etc.).

References

1. Fort AL. Monitoring and evaluating family planning / reproductive health programmes: an introduction. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2011 Jul 1; Geneva. Available from: http://www.gfmer.ch/SRH-Course-2011/research-methodology/Monitoring-evaluating-FP-RH-programmes-Fort-2011.htm
2. Bertrand J, Escudero G. Compendium of indicators for evaluating reproductive health programs. Measure evaluation manual series. 2002 Aug 6; Vol.1(6).
3. Hypothesis Testing: Categorical Data. Estimation of Sample Size and Power for Comparing Two Binomial Proportions in Bernard Rosner's Fundamentals of Biostatistics. Available from: http://www.stat.ubc.ca/~rollin/stats/ssize/n2.html