A4

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

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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 (midwives).
The Framework

<table>
<thead>
<tr>
<th>S/No</th>
<th>Goal</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• To train midwives in the active management of third stage of labour (AMTSL)</td>
<td>• No of midwives trained on active management of third stage of labor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % of midwives who passed knowledge and skill test</td>
</tr>
<tr>
<td>2</td>
<td>• To upgrade health facilities in the active management of third stage of labour (AMTSL)</td>
<td>• % of midwives using partograph appropriately for labor monitoring in the last month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No of CTG supplied and functional to the delivery room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No of blood screened for HIV, HBV, HCV etc before transfusing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No of anti-shock garment supplied to the delivery room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % stock out of commodities (anti-shock garments, medicines, etc.)</td>
</tr>
<tr>
<td>Indicator</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>No of midwives trained on active management of third stage of labor</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>% of midwives who passed knowledge and skill test</td>
<td>No of midwives who passed knowledge and skill test</td>
<td>Total number of midwives who take the knowledge and skill test</td>
</tr>
<tr>
<td>% of midwives using partograph appropriately for labor monitoring in the last month</td>
<td>No of midwives who use partograph appropriately for labor monitoring</td>
<td>Total No of midwives who use partograph for labor monitoring</td>
</tr>
<tr>
<td>No of CTG functional to the delivery room</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>No of blood screened for HIV, HBV, HCV before transfusing</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>No of anti-shock garment supplied to the delivery room</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>% stock out of commodities (anti-shock garments, medicines, etc.)</td>
<td>No. of months of stock out of commodities</td>
<td>Total No. of months in a year for supply of commodities (12 months)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Process</th>
<th>Service outputs</th>
<th>Intermediate outcome</th>
</tr>
</thead>
</table>

**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](https://example.com))

**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**

- 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

