

Executive summary:**“Assessment, Monitoring and Evaluation of Skilled birth attendance and Emergency obstetric care; a proposed basic framework for Pakistan”**

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Background

Maternal mortality remains a major challenge to health systems worldwide. Maternal mortality Ratio (MMR) is the indicator with widest disparity between the developed and developing world, with 99 % of the estimated 536,000 annual maternal deaths occurring in the developing countries (WHO, 2007). More than 50% of all maternal deaths were in only six countries in 2008, out of which Pakistan was on number three (Hogan et al., 2010). Emergency obstetric care (EmOC) and skilled birth attendance (SBA) at delivery are two recent strategies promoted to reduce MMR. In spite of the importance of SBA and EmOC in reducing MMR, there is not much consistency in the existing literature about monitoring and evaluation methods for skilled attendance and/or EmOC. Moreover, there is no specific framework used for monitoring and evaluation of SBAs and EmOC in Pakistan. In this literature review, the existing methods and frameworks used for monitoring and evaluation of SBA and EmOC have been discussed and a comprehensive and basic framework to be applied in Pakistan is proposed.

Methods

A narrative review of literature was undertaken for this study. PubMed, Metalib and Google scholar as well as databases of organizations including WHO, UNICEF and UNFPA were searched for studies pertaining to monitoring and evaluation of skilled birth attendance and emergency obstetric care. In the first step, search themes skilled birth attendance AND (monitoring OR evaluation) were used to retrieve studies on monitoring and evaluation of SBA. In the second step, emergency obstetric care AND (monitoring OR evaluation) were used to search studies on monitoring and evaluation of EmOC. This search lead to 14,802 hits whose titles were scanned to achieve 139 potentially relevant articles out of which 18 fulfilled the inclusion criteria and were included in the final review. Methods of monitoring and evaluation were extracted from these articles and analyzed with respect to their design and feasibility. A basic framework was extracted from this information for use in Pakistan.

Findings

A total of eighteen studies were reviewed and analyzed in detail. Out of the eight studies on monitoring and evaluation of skilled birth attendance, four discuss conceptual frameworks while four assess specific programmes. Ten studies relevant to monitoring and evaluation of emergency obstetric care were chosen, out of which two are WHO publications while the rest describe specific programmes. The results and discussion are split in two major parts: the first part is the elaboration and description of the methods for monitoring and evaluation of skilled birth attendance. These include frameworks based on input-process-outcome indicators and competency based evaluation. The second part is the elaboration of the methods for monitoring and evaluation of emergency obstetric care including process indicators, maternal death reviews and audits and evaluation of quality of care. A simple yet comprehensive framework for combined monitoring and evaluation of skilled birth attendance and emergency obstetric care is proposed based on the literature review. This framework combines the input, process and outcome indicators for SBA and EmOC with other methods of evaluation keeping in view various financial and cultural factors relevant to Pakistan; thus forming a comprehensive framework.

Conclusions

This literature search has pointed out that many of the studies done did not achieve or measure the desired outcome. For future research, there needs to be proper regulation of whether the research is truly achieving the desired results. The outcomes need to be defined, measured and accounted for. Moreover, maternal health system cannot function in a vacuum and requires cooperation with the wider health system, including logistic supply systems, planning and management systems and health information systems. A common factor in most of these studies is that they concentrate on a narrow part of maternal health services or providers. However, the desired change in maternal health requires a comprehensive and broad plan of action to tackle most of the factors affecting the outcomes. Although this requires more time and commitment, but most of the changes at the grass root level are most cost effective in the long run. This may take longer duration to apply and show results, but can be more productive and cost effective in long run than only increasing the number of providers and infrastructure. This is why; a detailed framework including all the essential factors is required and has been proposed. This framework is suitable for use in Pakistan as well as similar resource-limited settings