

Monitoring and Evaluation

M & E measures the results of specific interventions and progress toward the achievement of the MNH Program objectives.

The Monitoring and Evaluation (M&E) team measures progress toward the Maternal and Neonatal Health (MNH) Program’s objective—increased use of key maternal and newborn health and nutrition interventions in order to reduce maternal and newborn deaths. In most countries, progress toward this objective is evaluated primarily by measuring the use of a skilled provider at the time of childbirth. This indicator was selected based on international consensus within the Safe Motherhood Initiative that skilled attendance at birth is the single most critical intervention in maternal and newborn survival.

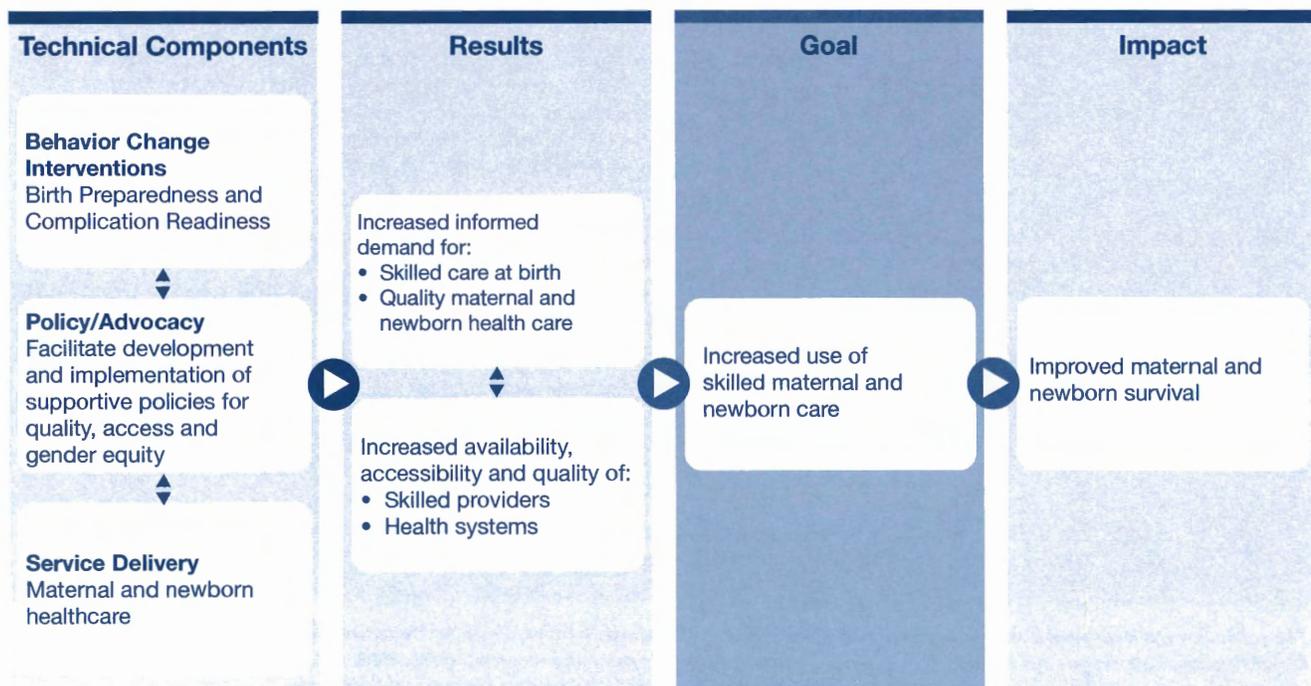
"Skilled attendance" refers not only to the presence of a skilled provider at the time of

birth, but also assumes that the provider functions within a system that provides necessary drugs and equipment and access to higher levels of care via referral. In other words, the provider is working in an environment where her/his skills can be effectively applied to reducing mortality and morbidity. The indicator "skilled provider at delivery" represents one key component of skilled attendance and not all aspects of this broad-based intervention.

M&E Supports the MNH Program

The role of M&E in the MNH Program is to measure the results of specific interventions and progress toward achievement of program objectives. We use two tools that build on each other to tell a story that answers the

MNH Program Conceptual Framework Essential Maternal and Neonatal Care



following questions: What did we do and why? What worked and why? What did not work and why? What are the recommendations for the future? The two tools—the MNH Conceptual Framework and the MNH Country Program M&E Framework—are described below.

The MNH Program Conceptual Framework

The MNH Program Conceptual Framework provides the theoretical basis for the program at both the country and global levels. It breaks down the program into its technical components and illustrates how these components interact with each other to accomplish the desired outcomes of the program.

MNH technical interventions in behavior change, policy and finance and service delivery reinforce one another to generate both demand for and supply of essential maternal and newborn health care. Although the program focuses primarily on skilled attendance during childbirth, access to and use of quality care throughout pregnancy and the postpartum period are also key outcomes for the MNH Program. Evidence-based procedures and updated

skills for providers contribute to a strengthened health care system resulting in increased survival for women and their newborns.

The MNH Country Program M&E Framework

Country programs are built around the technical interventions promoted by the MNH Program. Each country has or is developing an M&E framework with stated objectives, outcomes and indicators that are specifically selected to capture the achievements of that country's program. This framework and the related indicators are the tools that are used to help tell the MNH Program story throughout the life of the program.

MNH country programs rely heavily on indicators that reflect processes leading toward reduced maternal mortality. Below are a few examples of MNH country programs and the outcomes they are seeking to achieve.

For more information about the MNH Program visit our website:
www.mnh.jhpiego.org

Country	Outcome	Indicator	Measurement
Guatemala	Increased quality of facility-based maternal and newborn healthcare	% of facilities in health care network receive and maintain accredited status	Checklists and documentation of the accreditation process
Indonesia	Practices of midwives more effective in preventing and treating obstetric complications (especially postpartum hemorrhage)	% of midwives correctly practicing active management of 3rd stage of labor % of deliveries attended by midwives involving postpartum hemorrhage, uterine atony and retained placenta	Medical record review on back of partograph
Nepal	Capacity of families to plan for normal and emergency birth strengthened	% of women/husbands in target area who can name three elements of birth promoted by the program	Population-based surveys
Zambia	Strengthened essential neonatal care in preservice training for registered midwives	Benchmarks: <ul style="list-style-type: none"> • International standards incorporated into curricula • Trainers and clinical training facilities updated based on standards • Training conducted in 2-3 sites • Training conducted in all clinical sites in target area 	Program records and ministry of health/ education documents

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