



Rapid Evaluation of Community Maternal and Newborn health program in Rwanda in 2012

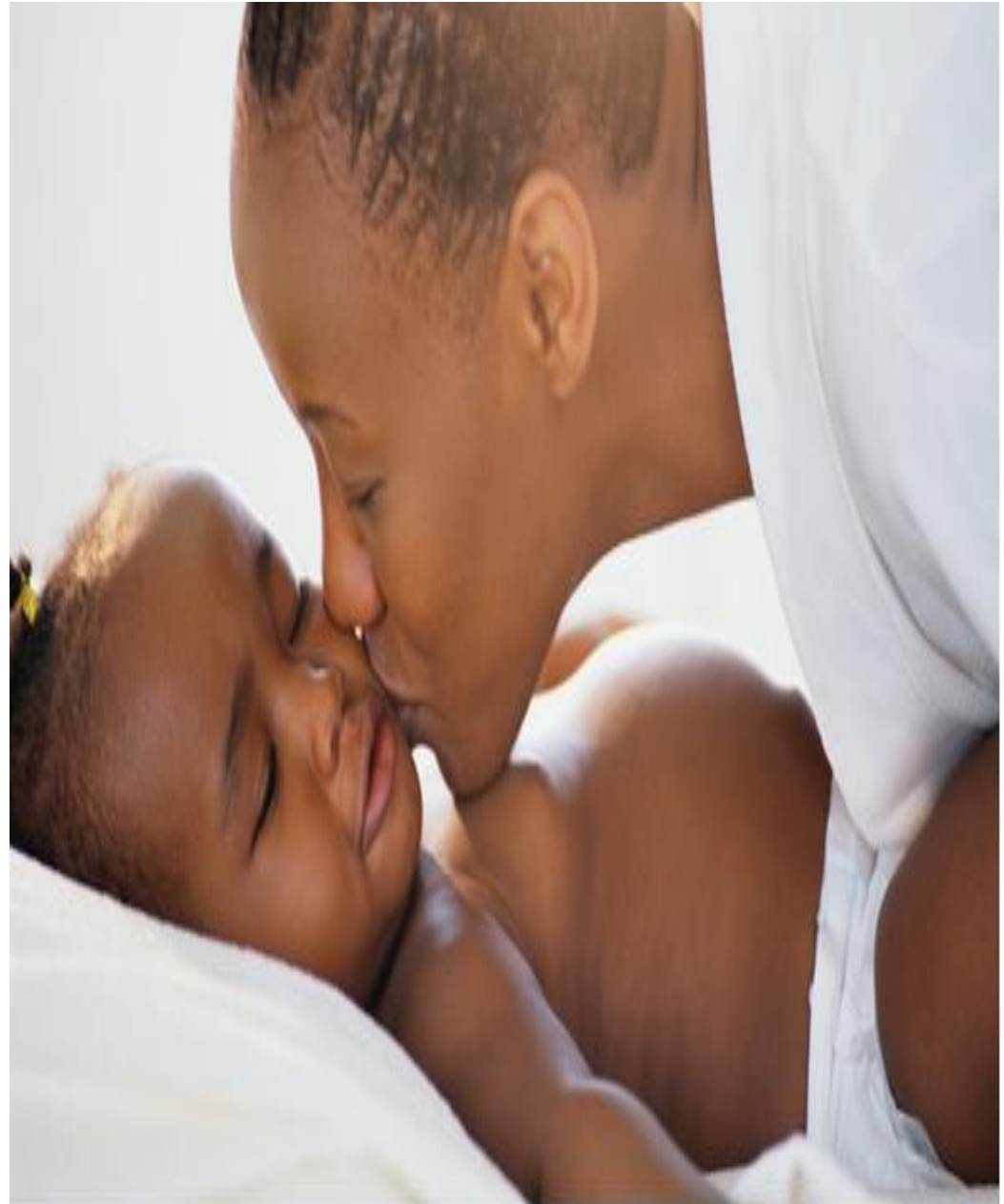
*Presented in Xth KMC Conference at LEMIGO HOTEL
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On 18th November, 2014



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Background

- In 2010, Rwanda adopted the community-based management of maternal and newborn (c-MNH) care developed by WHO and UNICEF
- This is a holistic approach to maternal and newborn illness aimed at improving health worker skills, strengthening health systems and engaging and improving community and family practices to deal with the main causes of mortality and morbidity in women and newborns.



C-MNH Strategies

- Identify and register women of reproductive age
- Identify pregnant women and encourage ANC
- Birth preparedness and facility deliveries
- Identify women and newborns with danger signs and refer them to health facility for care
- Accompany or refer women in labor to health facilities
- Encourage early postnatal facility checks for both newborns and the mothers
- and use RapidSMS to support Maternal Community Health Workers (ASM) who have been trained and provided with basic supplies and medications.

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Objectives



Objectives

Overall Purpose: This evaluation was designed to provide a picture of the quality of services provided by the Community Health Workers in charge of maternal and newborn health (ASM) and their ability to access necessary supplies.

Specific Objectives:

- Assess quality of services rendered by Maternal Community Health worker (ASM)
- Assess the process and quality of supervision by HCs to ASM and DH to HC
- Assess availability of supplies by CHWs/ASM

The background is a solid teal color. A horizontal band of a darker blue shade runs across the middle. The word "Methodology" is centered in this band in a bold, black, sans-serif font. In the bottom right corner, there are two white circles of different sizes. A thin white line starts from the top right, goes down to the right edge of the dark blue band, then diagonally down to the top right corner of the band, and finally diagonally down to the top right corner of the teal background.

Methodology



Sampling

- A simple random sample of ASMs was conducted in the 25 districts where C–MNH had been implemented at the time of the evaluation.
- Only those ASMs who had been working for at least three months were included.
- The sampling was done by district with the number selected proportional to the total population of ASMs in the district, such that each ASM had an equal chance of being selected.
- Sample size was determined based on a desired confidence interval of 95% for the overall population estimate.

Interview Setting



- ✓ The selected ASM were evaluated with evaluators going to selected health centers.
- ✓ ASM were expected to travel to the health center with the patient register, referral forms, counseling card, follow up forms and a list of their supplies with quantity specified.
- ✓ Every effort was made to find the randomly selected individuals.
- ✓ Replacements were discouraged except in cases of death, sickness and many others that are not avoidable



Cont'

The ASM interview consisted of the following

- ▶ Basic demographic information
- ▶ Knowledge of Maternal and Newborn
- ▶ RapidSMS
- ▶ Use of counseling cards
- ▶ Completeness of four registers used by community Health workers to record clients
- ▶ Availability of supplies at the community level

Focus Group Selection



1. When ASMs were selected for interview, health centers were also selected for the evaluation.
2. Eight of the ASMs traveling to the first health center selected in each district were randomly chosen to participate in a focus group discussion.
2. This selection process yielded one focus group discussion composed of approximately 8 ASMs per district.

Focus Group



Participants

1. 9 women:
 - 3 pregnant women
 - 3 women who had given birth within the past 3-months, and
 - 3 women ages 15-49 who were not currently pregnant or postnatal
2. 8 Supervisors:
 - 7 HC supervisors from each district
 - 1 DH supervisor
3. 8 CHWs



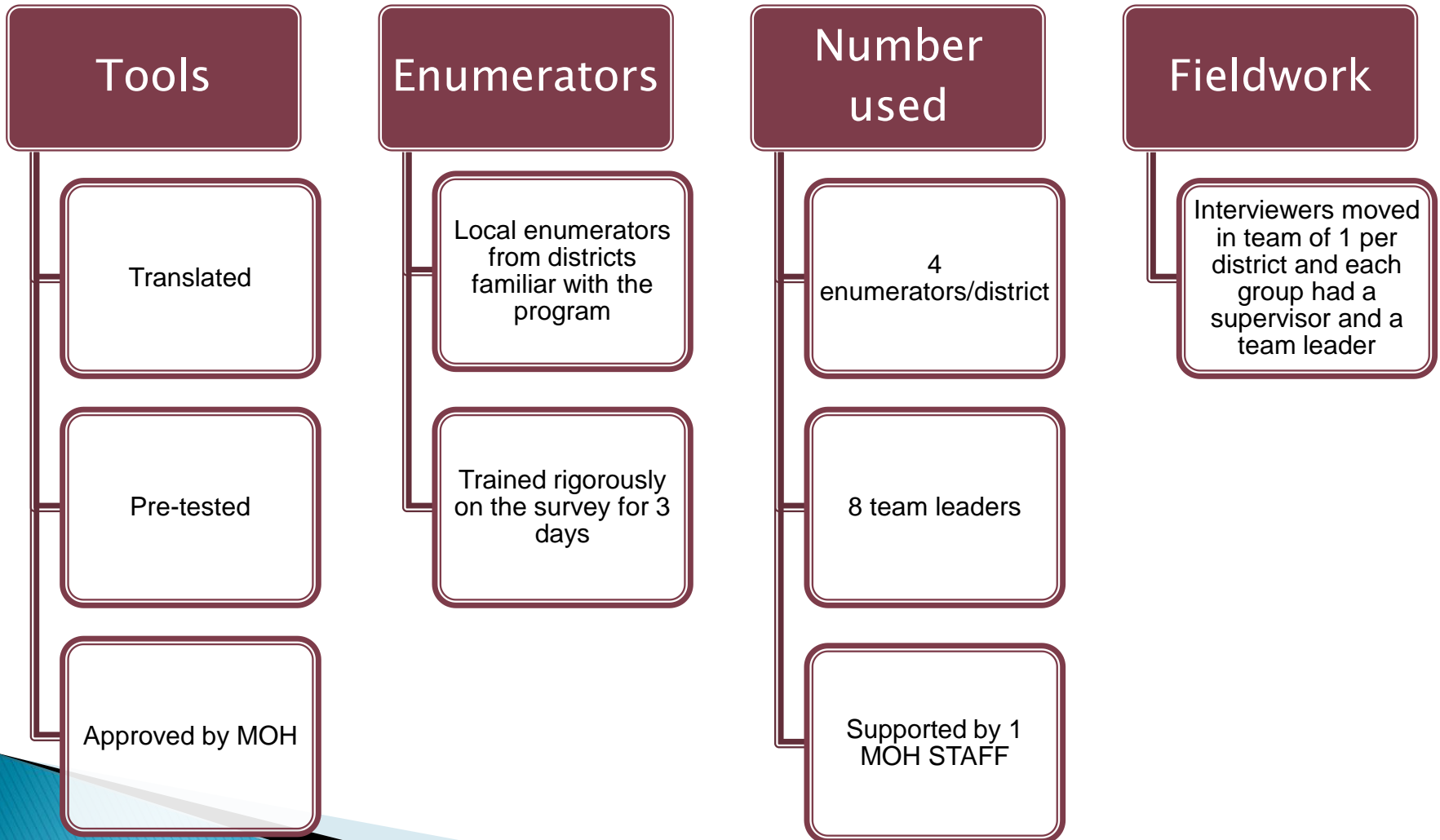
Focus Group

The ASM focus groups consisted of the following four components:

1. Basic demographic information
2. Discussion of ASM service delivery including knowledge and skills
3. Discussion of ASM supervision by health center and district hospital staff
4. ASM attitudes and perceptions towards the program including challenges faced and program strengths



Data Collection process





Data Collection Techniques

Focus group discussions



Indirect probing
Word associations

Unstructured questions were
asked to the groups

Encouraged participation of all
members

Considered homogeneous
respondents

Quantitative interviews



Face to face interviews using a
questionnaire

Observation



Distribution of responsibilities

- The MOH Staff was responsible for the overall conduct of the study and training of study staff.
- Data managers at each of the study hospital were in charge of consenting the CHW's and enrolling them in the study.
- Data managers at each study hospital were in charge of collecting the data and entering it into a secure database.

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Findings

Demographic Characteristics of ASMs





ASM Demographics

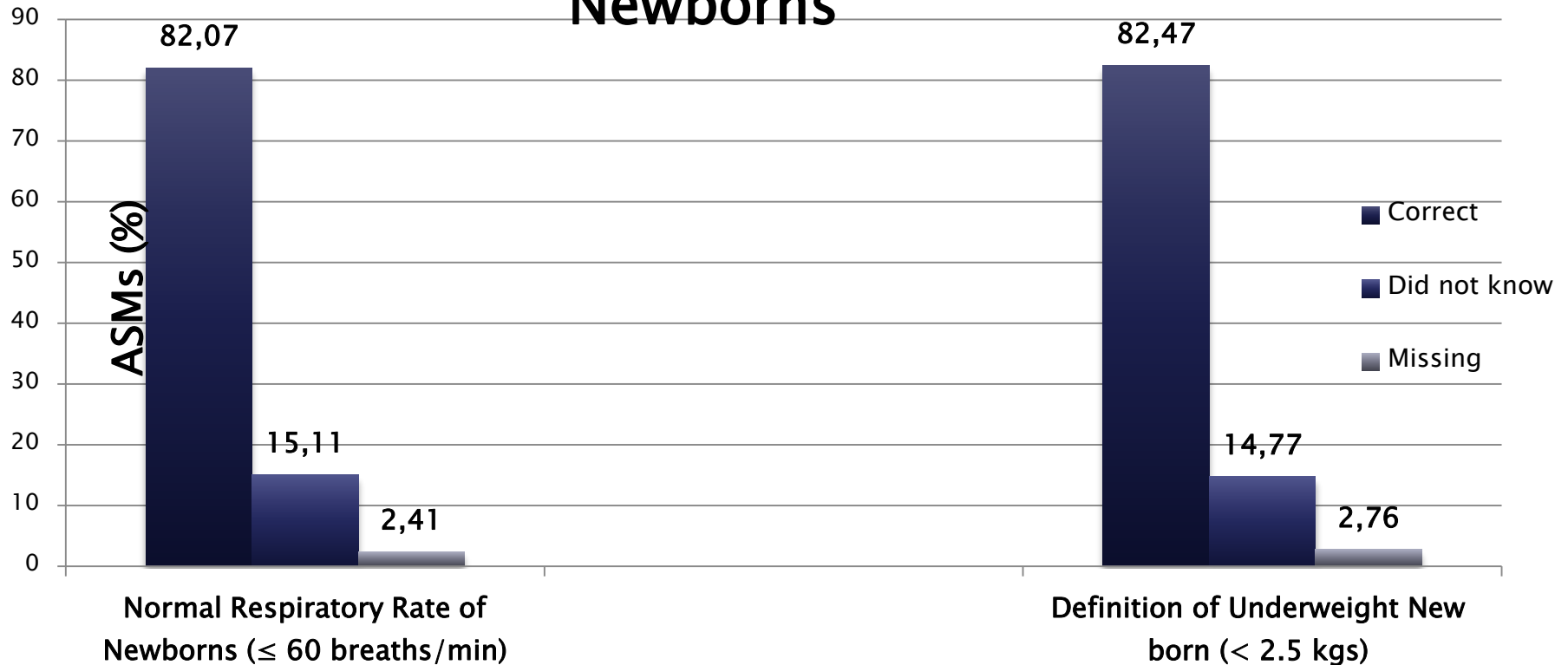
Characteristic		N = 1770	%
Age	15-24	16	0.90%
	25-29	118	6.67%
	30-39	725	40.9%
	40-49	616	34.8%
	50-54	166	9.38%
	55+	110	6.21%
	Missing	19	0.07%
Education	No Education	7	0.40%
	Primary School	1,518	85.7%
	Middle School	204	11.5%
	High School	33	1.86%
	Higher Education	7	0.40%
	Missing	1	0.06%

ASM Knowledge of Maternal and Newborn Health



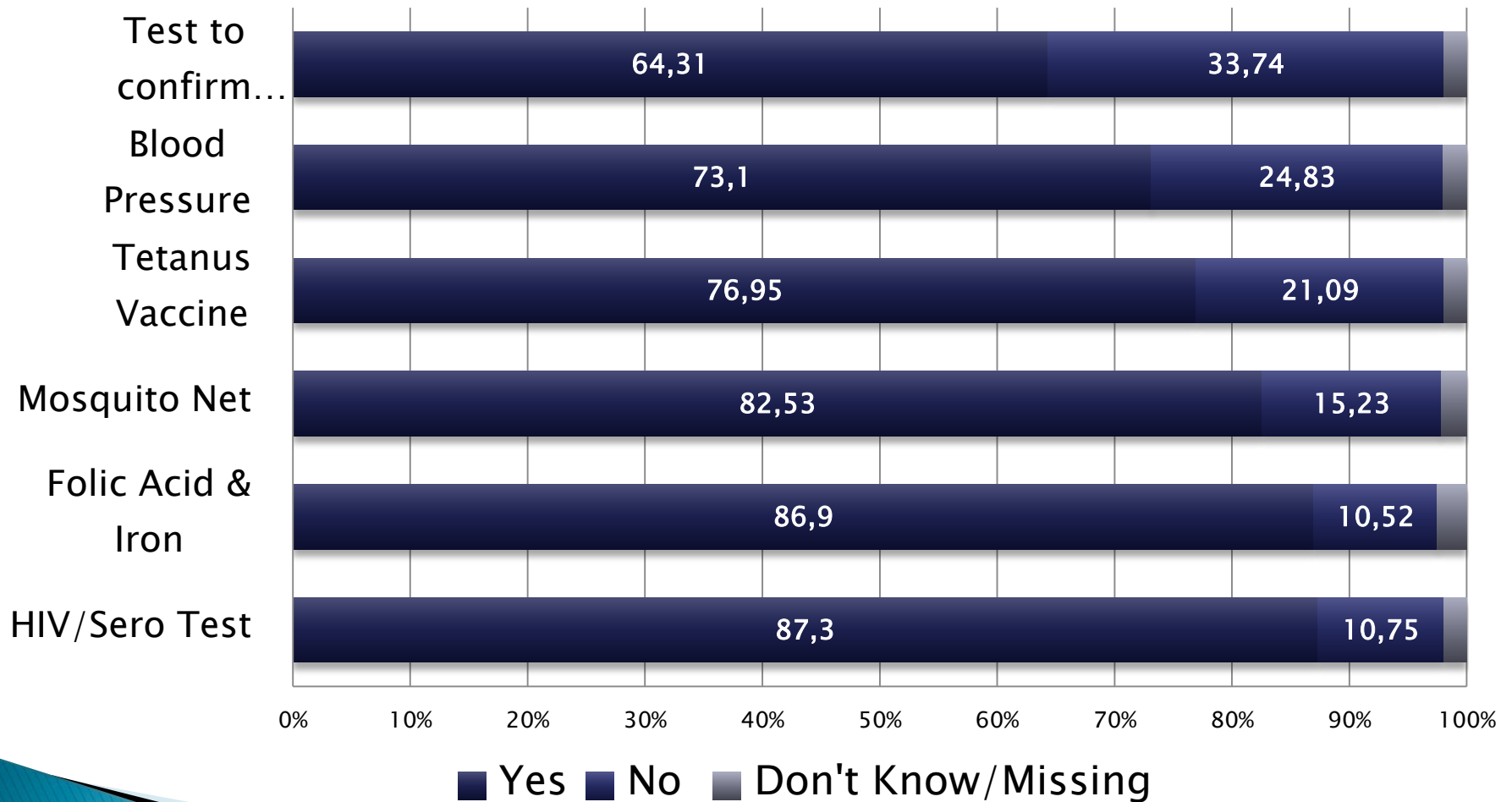


Normal Respiratory Rate & Weight for Newborns





Package Offered at HC for Pregnant Woman

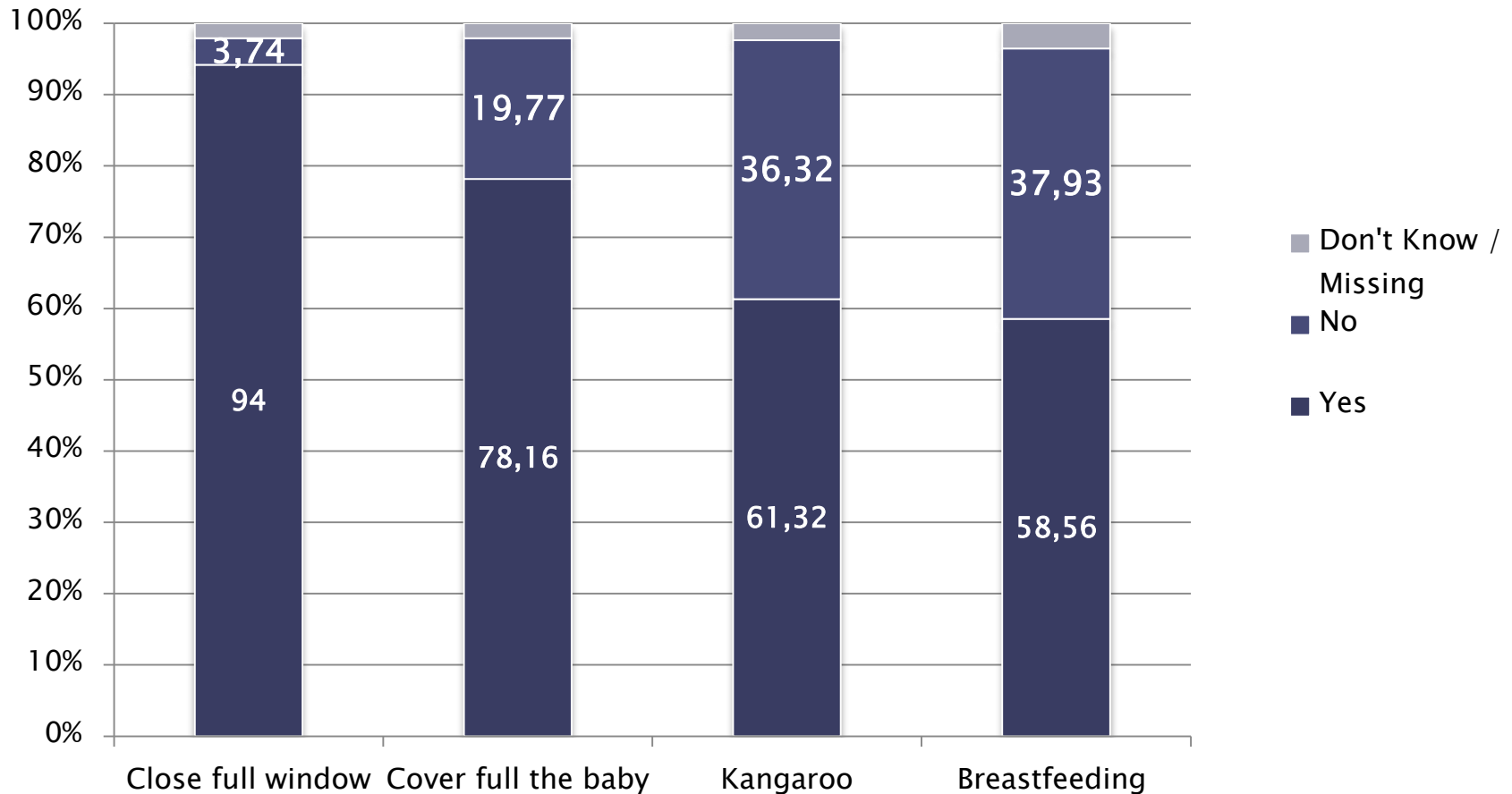


All those that had an incidence of a child falling sick. N=371



ASM Knowledge on post Delivery care

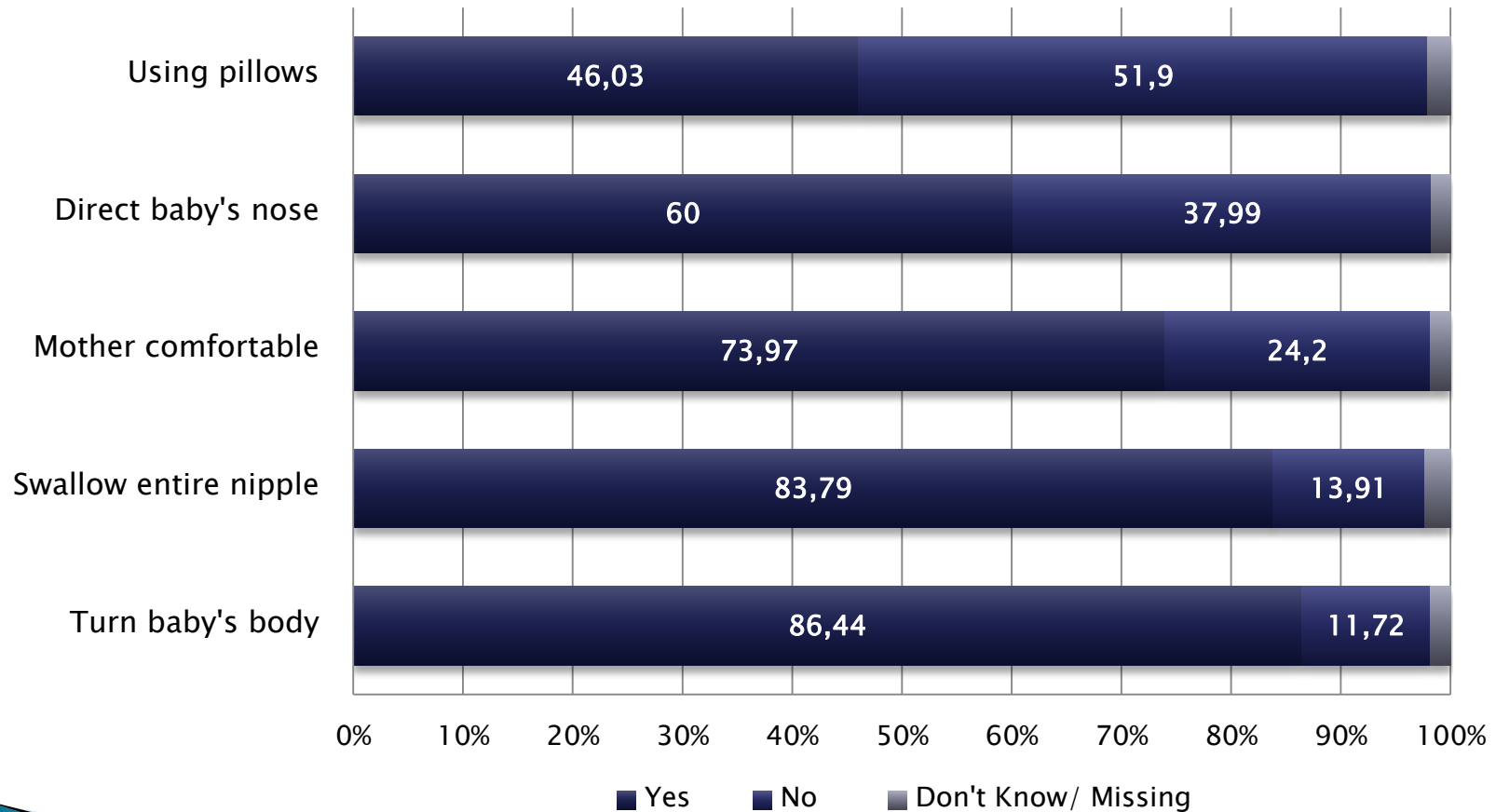
ASM Advice on How to Keep the Baby Warm





ASM Knowledge on post Delivery care

ASM Advice on Breastfeeding Position

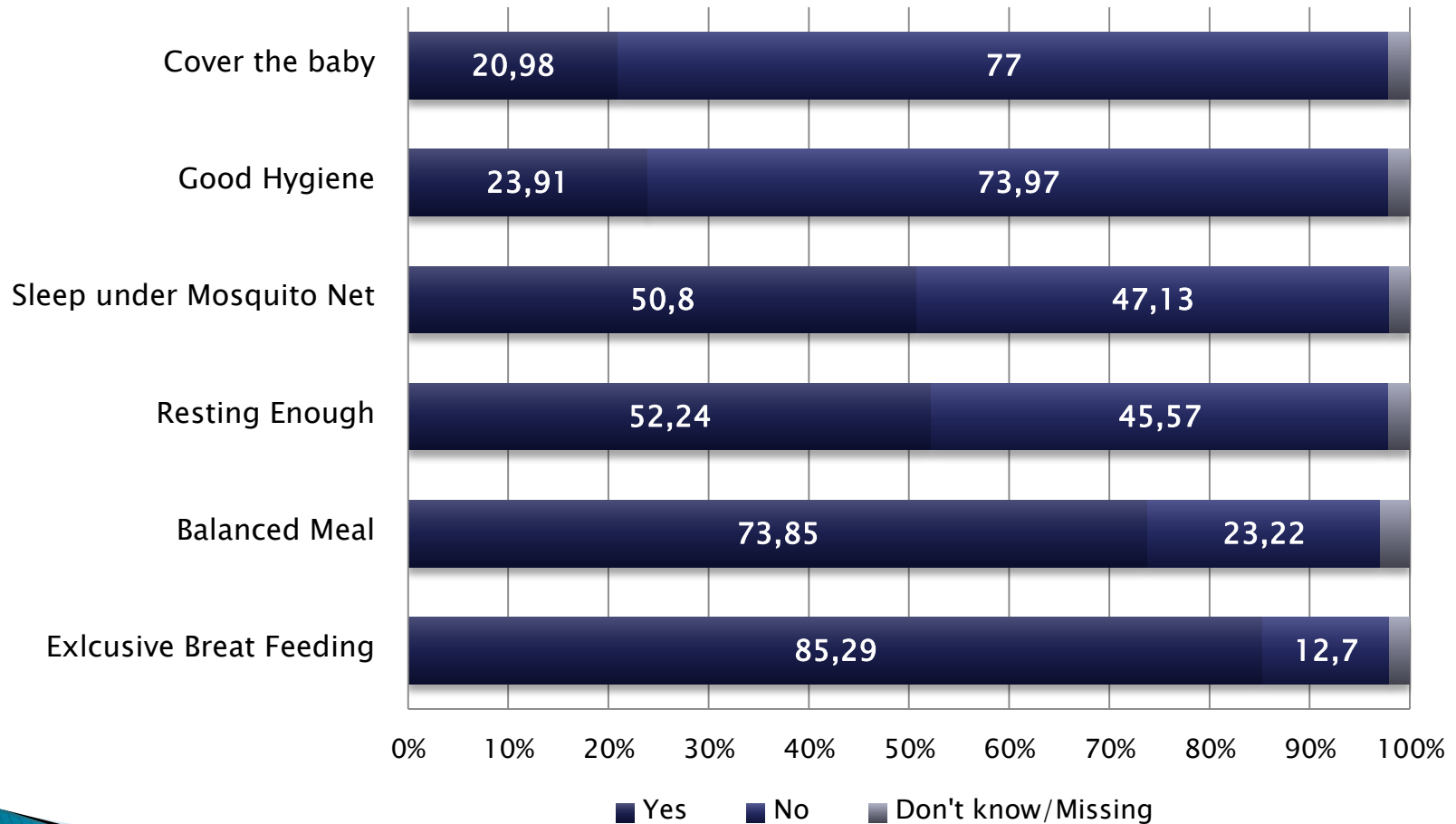


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ASM Knowledge on post Delivery care

ASM Advice to Mothers just delivered



All those that had an incidence of a child falling sick. N=371

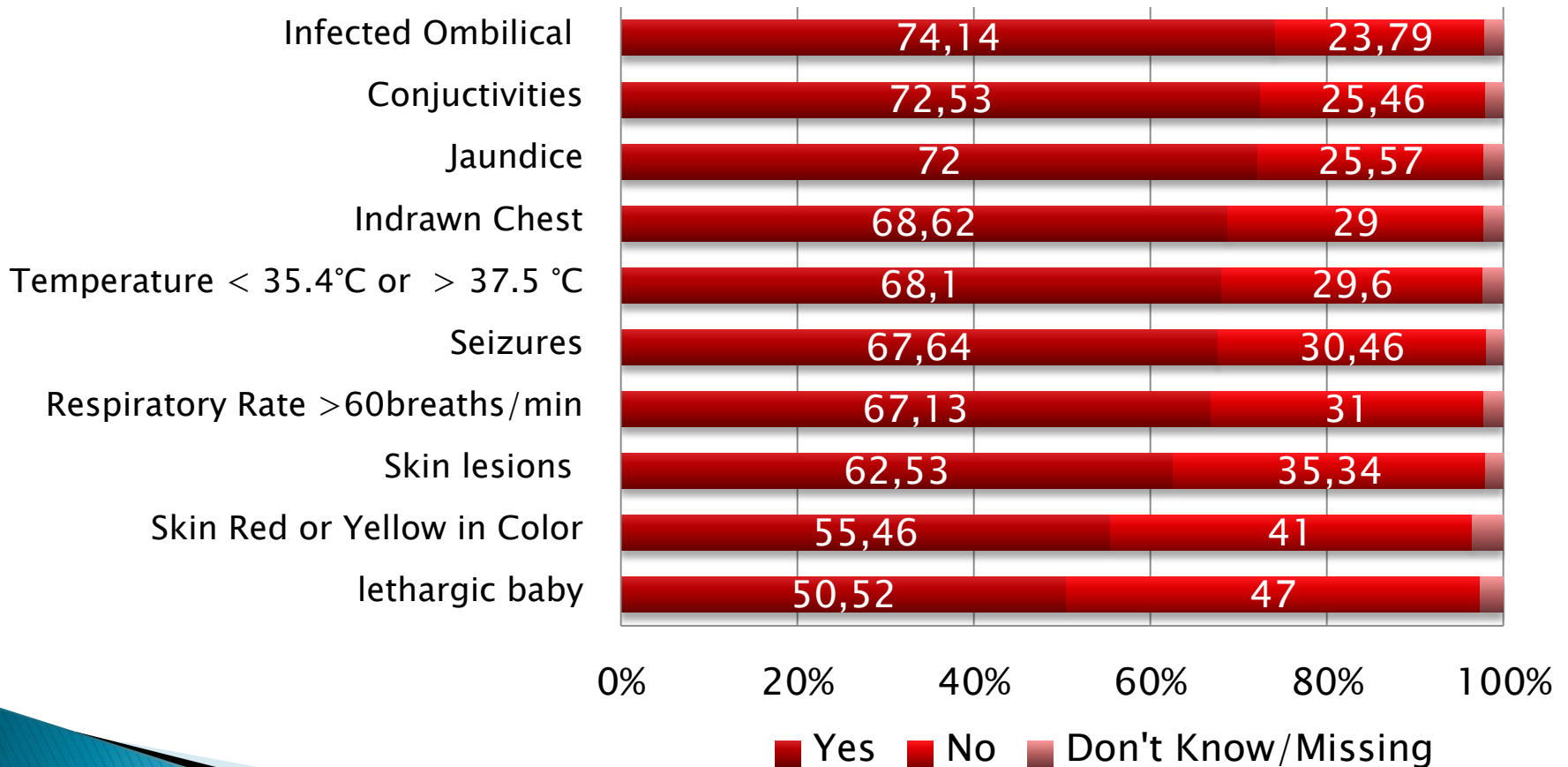
Maternal and Newborn Health Danger Signs





Maternal and Newborn Health Danger Signs

ASM Knowledgeable of Danger Signs for Newborn Transfer

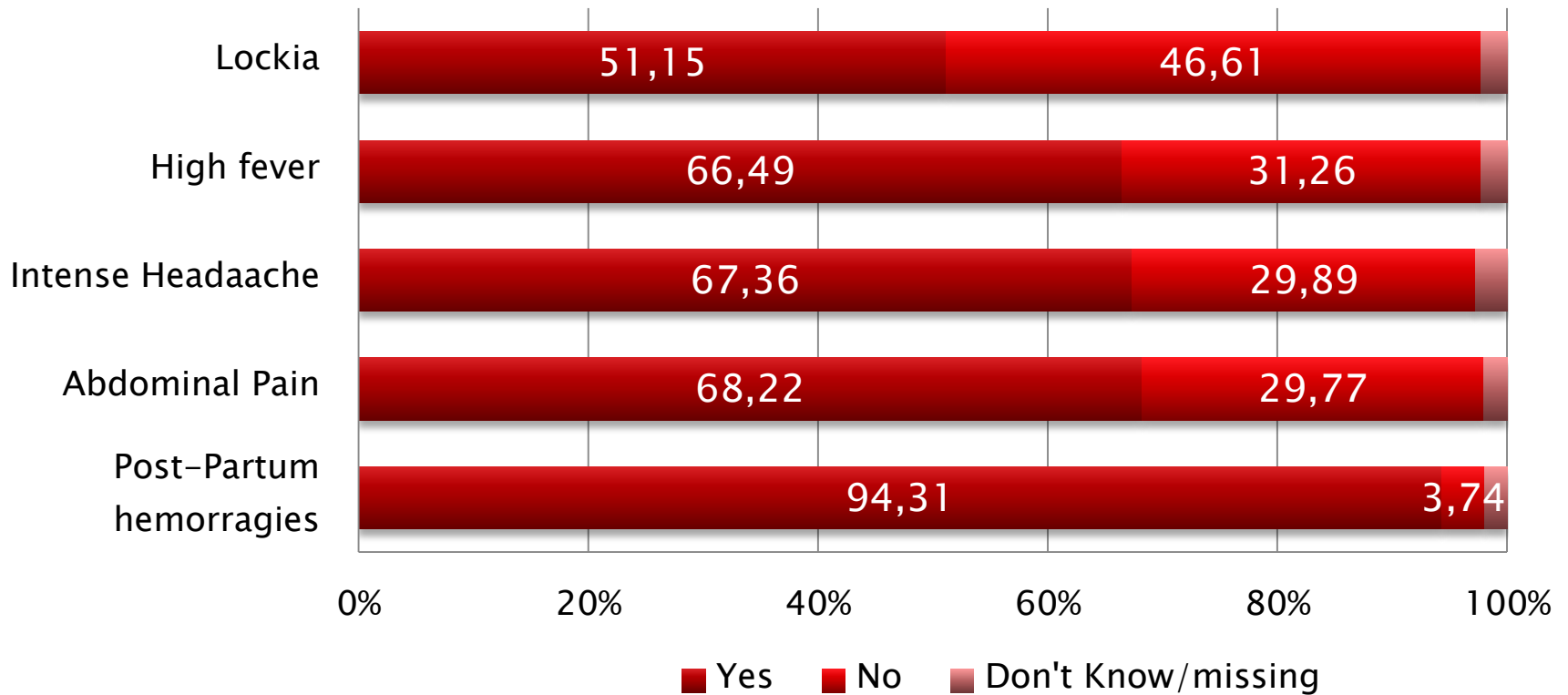


All those that had an incidence of a child falling sick. N=371



Maternal and Newborn Health Danger Signs

ASM Knowledgeable of Danger Signs to Transfer a Mother who has just Delivered to a HC



All those that had an incidence of a child falling sick. N=371

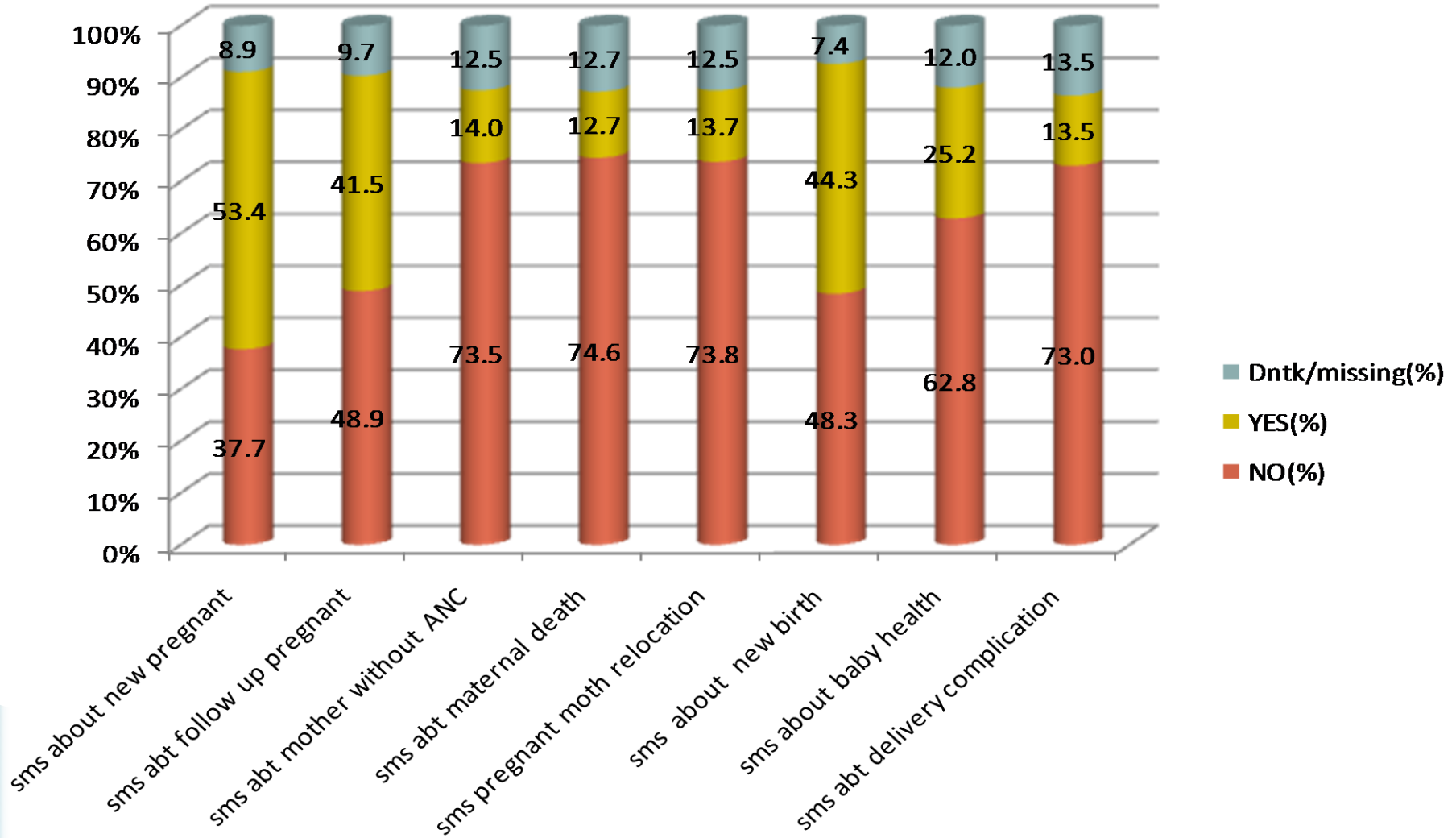
RapidSMS





RapidSMS

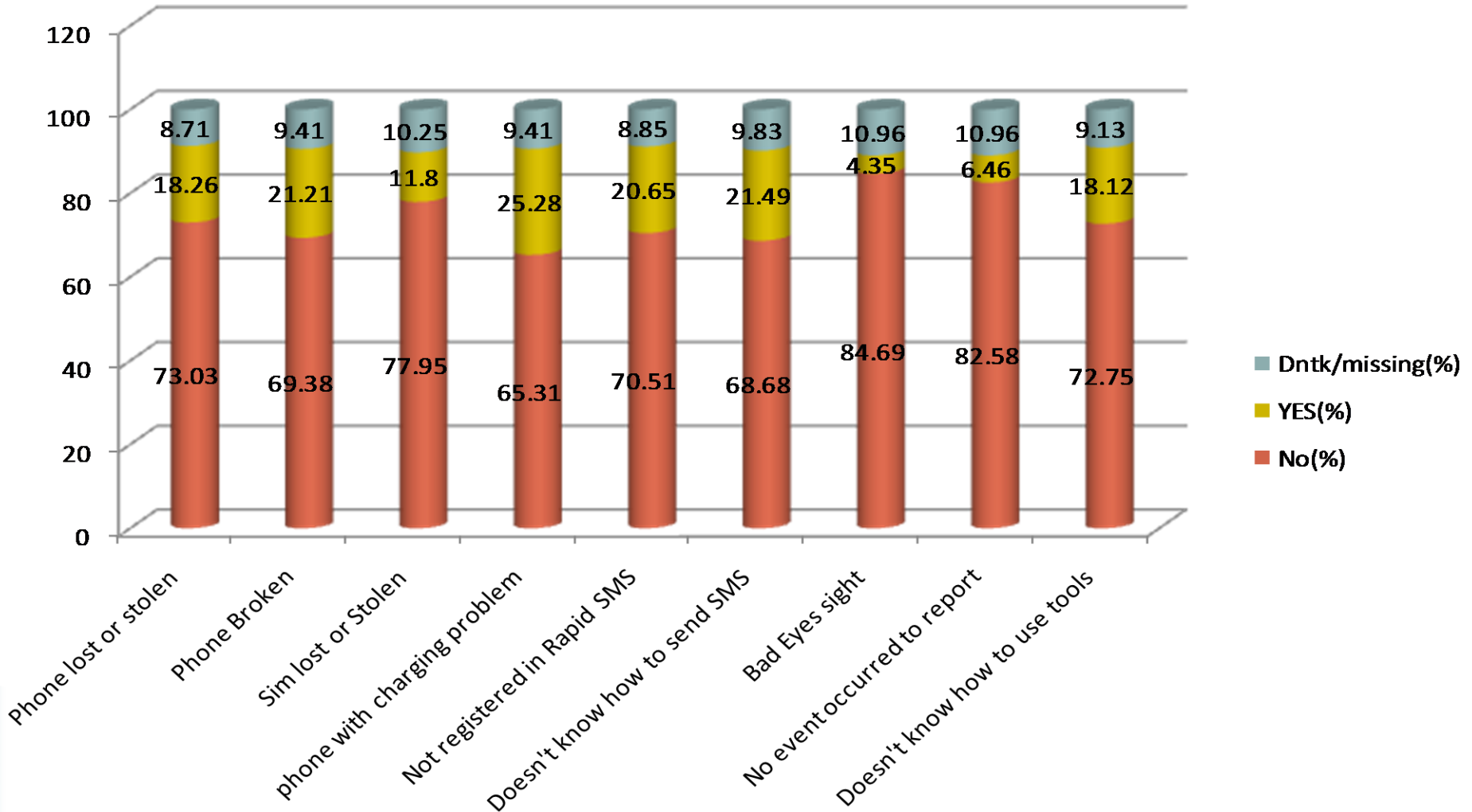
Maternal and Newborn Indicators Reported to Health Facilities Using RapidSMS





RapidSMS

Problems encountered by ASM using RapidSMS



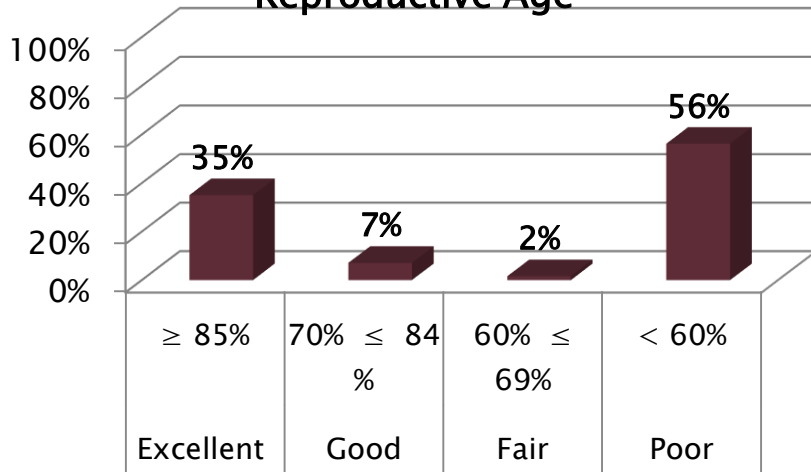
Completeness of Registers



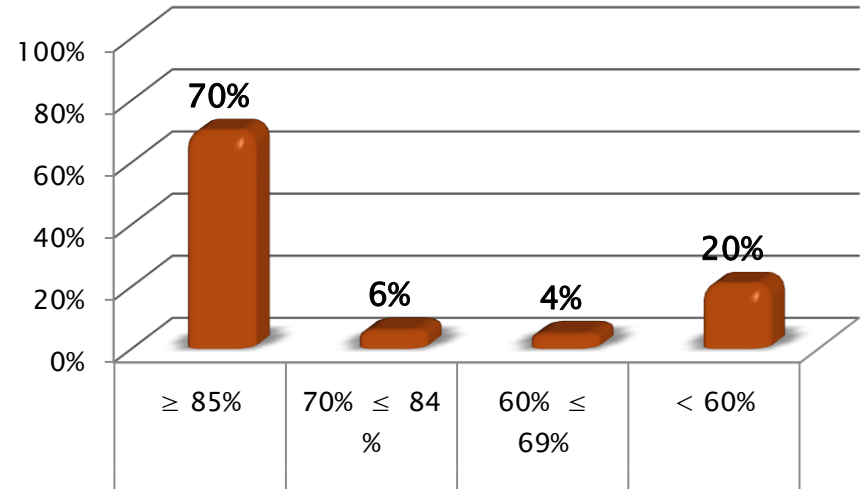


Completeness of Registers

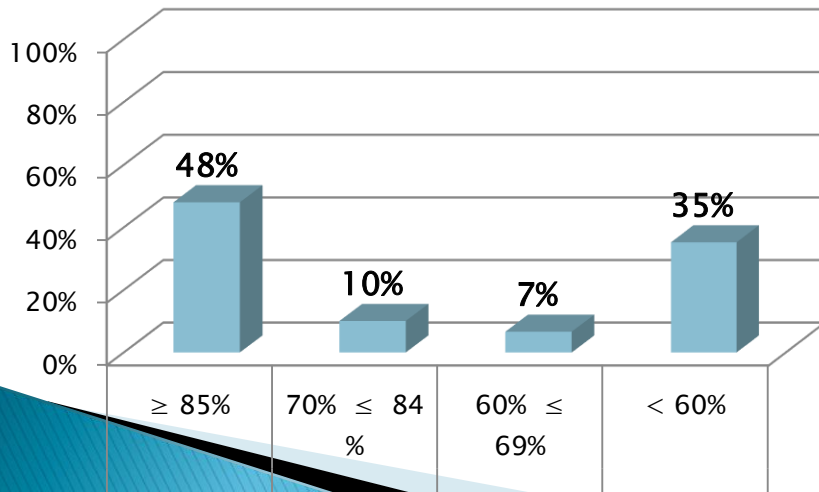
Register Book for Women of Reproductive Age



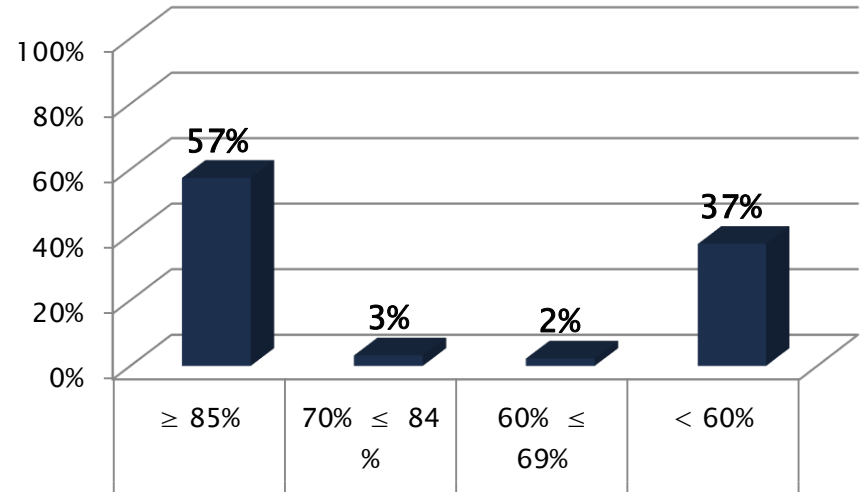
Register Book for Pregnant Women



Register Book for Follow Up



Register Book for Transfers



All those that had an incidence of a child falling sick. N=371

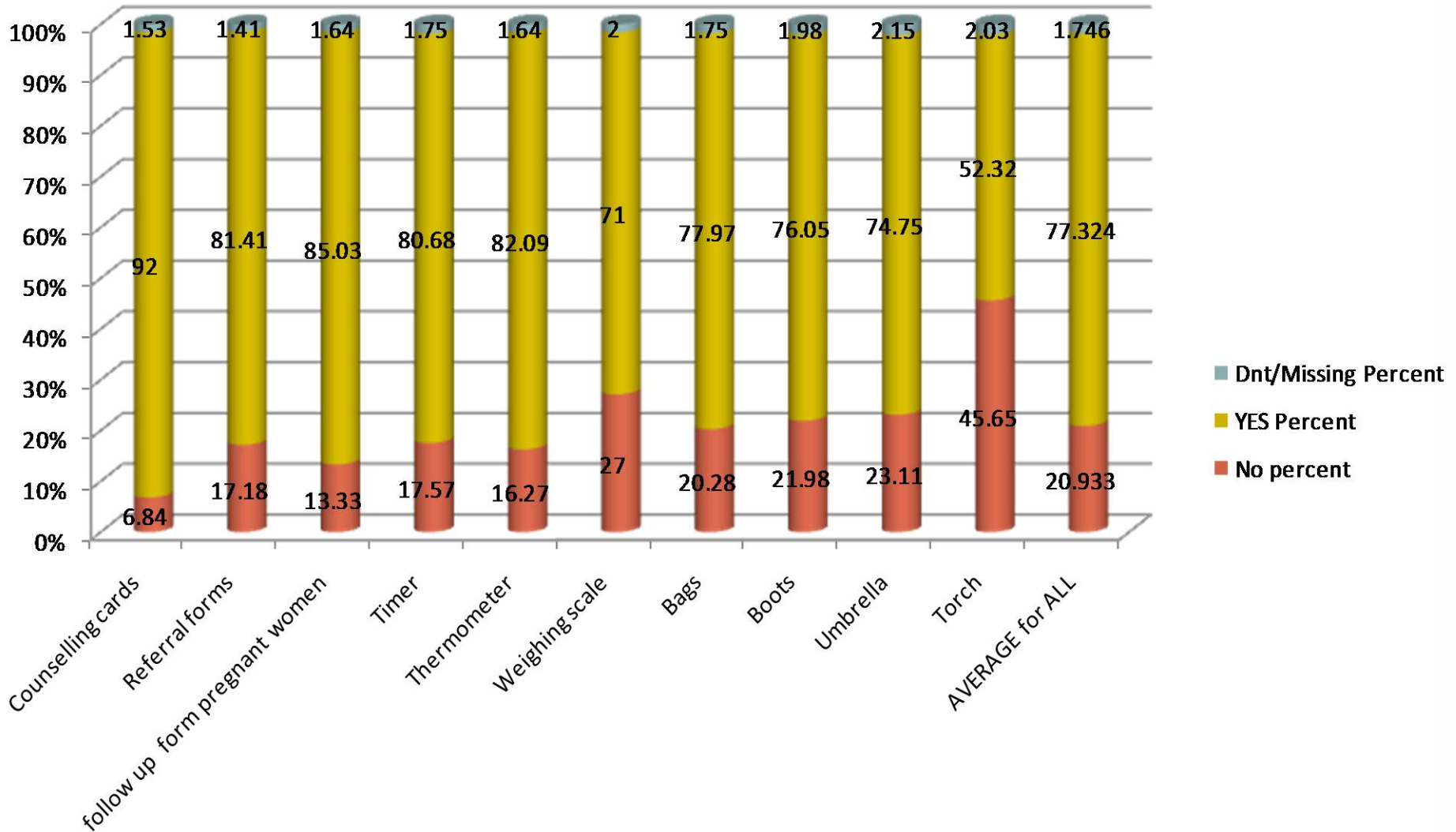
Availability of Tools





Availability of Tools

Availability of Required Tools for ASM



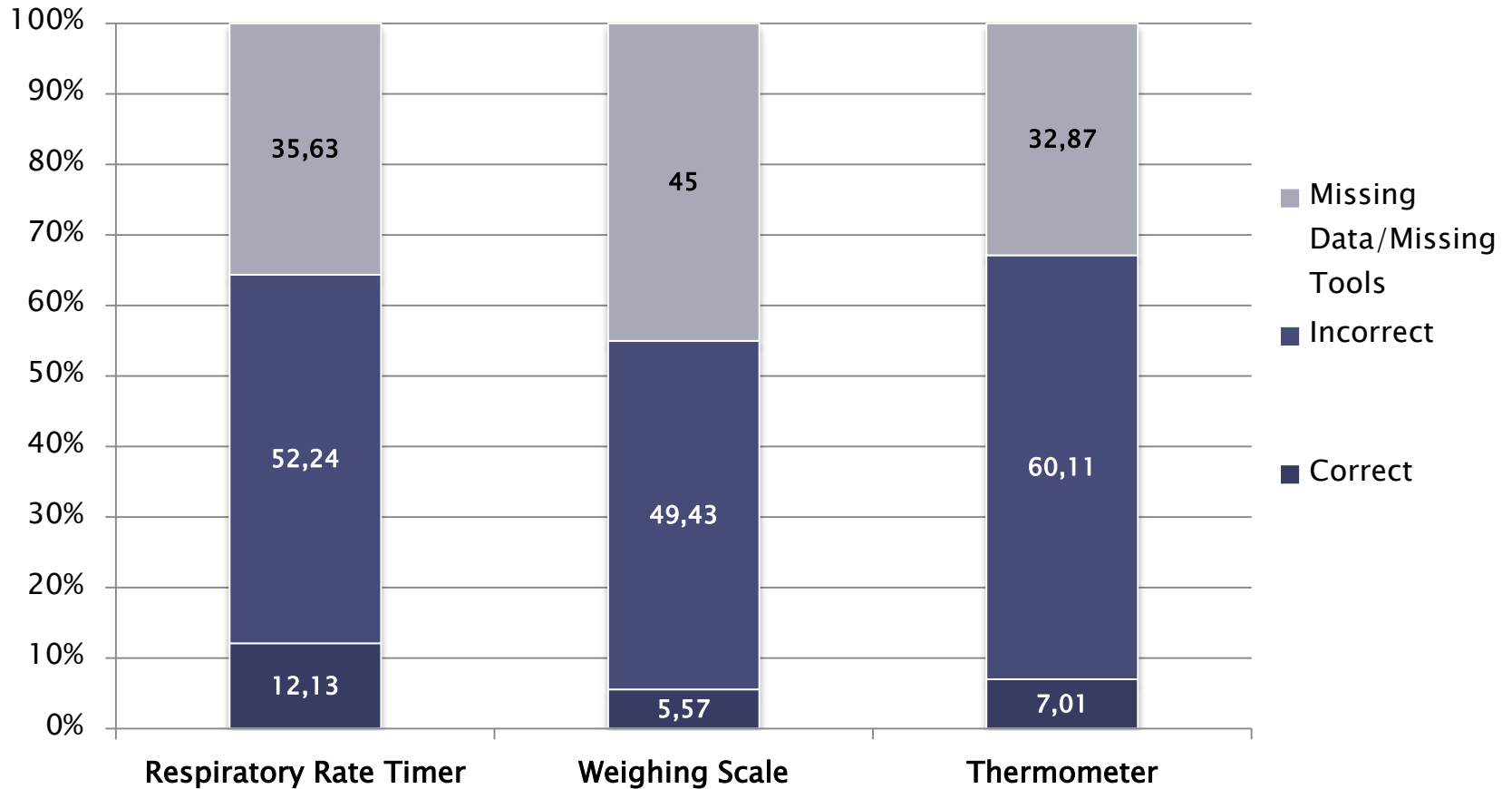
**Assessment of Correct
Use of Timer, Weighing
Scale and Thermometer**





Assessment of Correct Use of Timer, Weighing Scale & Thermometer

Assessment of ASM Tool Utilization



**HC Supervisor
Training, Supervision,
and Knowledge**





HC Supervisor Training, Supervision, and Knowledge

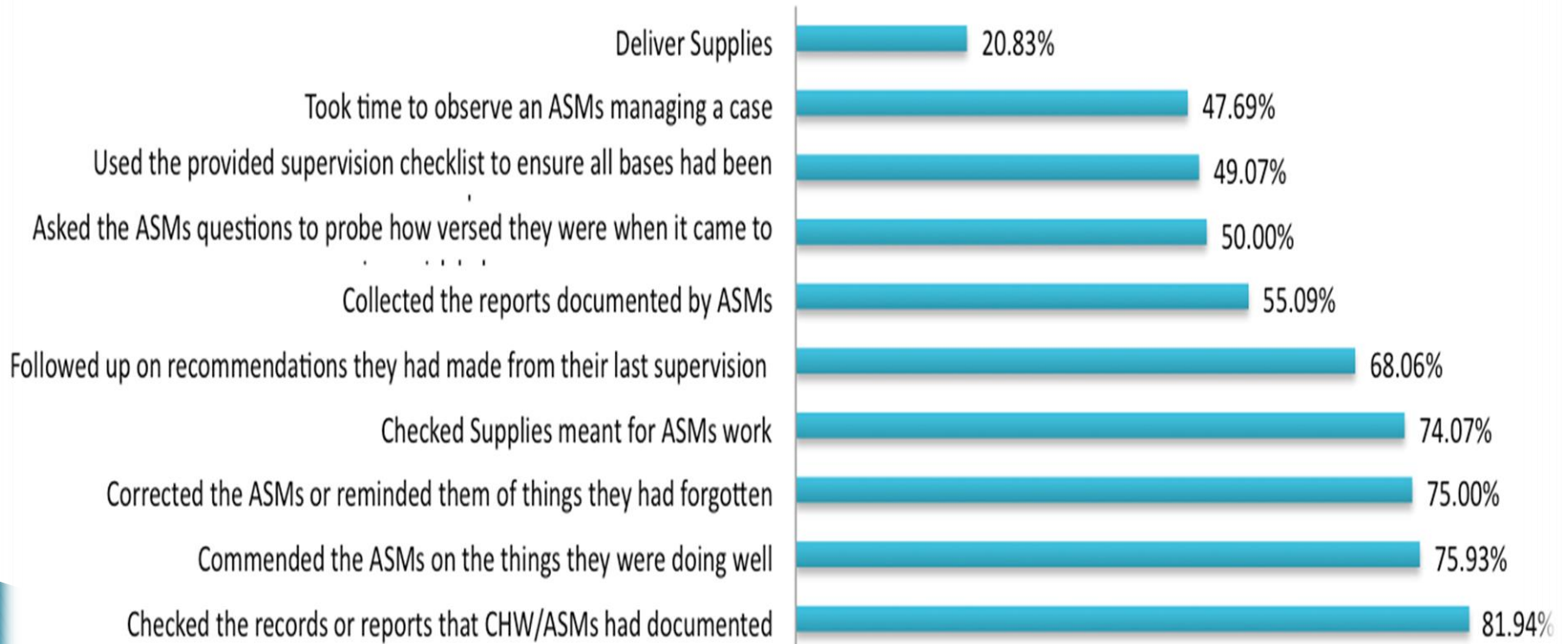
Impact of Training Received on Health Center Supervisor Knowledge





HC Supervisor Training, Supervision, and Knowledge

Activities Health Center Supervisor performed during their last ASMs visit

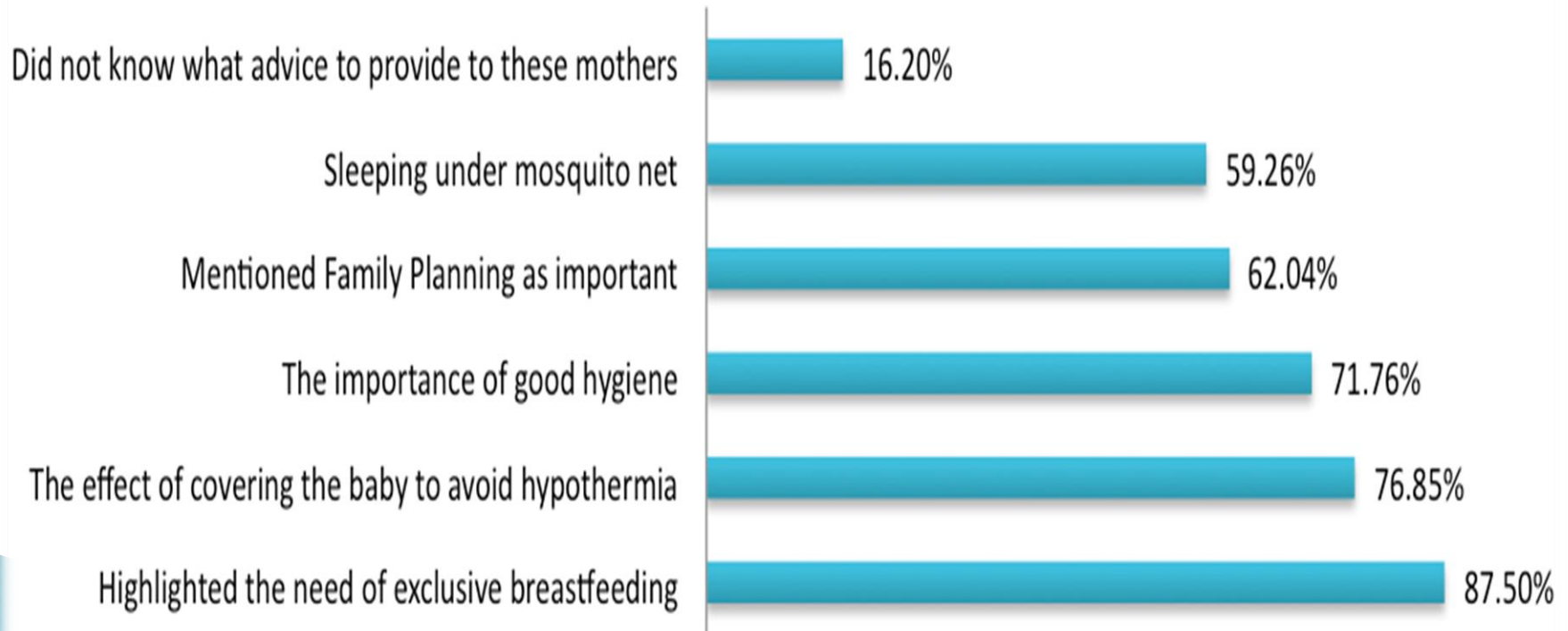


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HC Supervisor Training, Supervision, and Knowledge

Supervisor Advice on New Infant Care Provided to Mothers who had just delivered



All those that had an incidence of a child falling sick. N=371

Recommendations



Recommendations

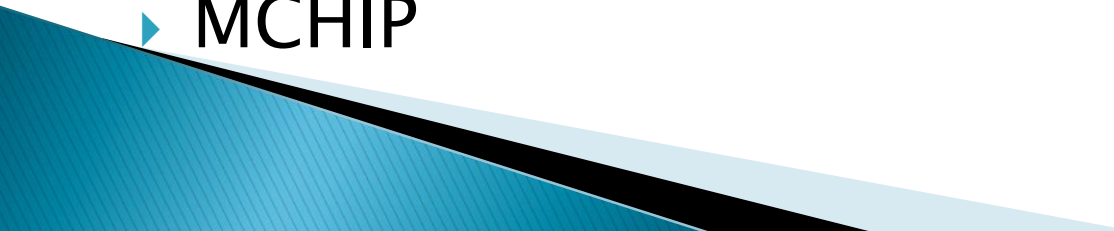


- To develop refresher trainings that are job-based, rather than classroom-based, for C-MNH
- To promote mentorship of ASMs by their supervisors in order to improve their knowledge and skills
- To encourage regular (at least monthly) household visits for the identification of new pregnancies using the Register for Women of Reproductive Age
- To organize quarterly assessments of stocks of tools and supplies for ASMs and supervisors

▶ Acknowledge

- Unicef
- Concern
- PIH
- World Relief
- World Vision
- NISR

ACKNOWLEDGE

- ▶ Technical and financial support of:
 - ▶ UNICEF
 - ▶ CONCERN
 - ▶ WORLD RELIEF
 - ▶ WORLD VISION
 - ▶ PIH
 - ▶ IRC
 - ▶ LUX DEVELOPMENT
 - ▶ MCHIP
- 



THANK YOU