

# Monitoring and Evaluation of Maternal and Newborn Health and Services at the District Level

**Technical  
Consultation  
Meeting Report**

**5-8 December 2006**



**World Health  
Organization**

Department of Making Pregnancy Safer

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# 1. Introduction

## 1.1 Overview

It is estimated that each year over 4 million babies die in the first four weeks of life, 3.3 million more are stillborn and more than half a million women still die each year from pregnancy-related causes. Almost all of these deaths occur in developing countries. In 2005, the World Health Organization established the Department of Making Pregnancy Safer (MPS) with the mission to reduce maternal and newborn morbidity and mortality by strengthening universal coverage and accelerating country support to scale up access to essential interventions. Special emphasis is placed in countries with high maternal and perinatal mortality in order to contribute to achieving the Millennium Development Goals (MDG). MPS identified monitoring and evaluation (M&E) as a critical area for development and support at the country level and, in collaboration with other countries and partners, MPS aims to strengthen M&E for better decision-making by policy-makers and planners. Areas that require more intensive action are those to improve knowledge on the magnitude and burden of leading causes of maternal and newborn morbidities and mortality; advance M&E approaches, methods and tools; and identify priority gaps.

This Technical Consultation aimed to provide guidance to strengthen M&E of maternal and newborn health and services at the district level. Monitoring progress to our goals and evaluating the impact of our interventions and actions are essential to improving performance and achieving results. It gives us feedback as to whether activities have been implemented

as planned, ensures accountability and enables timely feedback for support and improving strategic planning. Empowering districts to understand progress – or lack of progress – and to be self-sufficient actors in managing decisions and advocating for change are also critical. In an era of decentralization, district health managers can use M&E principles to advance health systems, thereby strengthening through improved coverage, equity, access, acceptability and continuation of care, as well as the quality of care.

A framework for monitoring and evaluating maternal and newborn health and services at the district level is crucial in strengthening M&E systems. This framework should take into account the considerable variation in the degree of development and capacity of districts and health systems, as well as the need for both facility-based and community-based monitoring and evaluation. The strengthening process should also address all possible sources of information and the most effective ways to collect it; how the information will be used, in what context, at which time and by whom; the importance of full coordination with other programmes; and the need for integration in the national health information system (HIS) whenever possible. Most importantly, the targeted outcome of the M&E and HIS strengthening process is improved use of information for evidence-based decision-making aimed at reducing maternal and newborn morbidity and mortality.

Opening plenary remarks by Joy Phumaphi, Assistant Director General, Family and Community Health, World Health

Organization, and Dr Monir Islam, Director of the Department of Making Pregnancy Safer, further described critical aims for advancing M&E at the district level.

Mrs Phumaphi emphasized the value of motherhood and its influence on life, individuals and communities. She recognized the tremendous advancements to protect maternal and newborn health, noting it is unjustifiable to say that we cannot effectively measure outcomes. Desired results of the meeting include recommendations focusing on accountability. This includes accountability through effectively monitoring and evaluating performance, improving efficiency and demonstrating economic use and management of resources to donors and partners. Accountability is also dependent upon the global community for the production of products for scale and evaluating performance for planning. Mrs Phumaphi stressed the need to share experiences and methodologies to improve information.

Dr Monir Islam's opening remarks highlighted three major issues aimed at improving maternal and newborn health, morbidity, and mortality. First, in order to understand the magnitude and burden of disease, there is a need to move beyond global estimates to counting every pregnant woman, mother and newborn. This requires solid M&E systems capable of generating evidence for action. Second, he noted that this was not a meeting on developing indicators; rather, the focus is to set the grounds to improve district-level capacity for data collection, analysis and use. Lastly, it is important to understand how to better design integrated HIS at the district level

with linkages to the local, national, and global levels for timely response.

## 1.2 Meeting objectives

Recognizing the need for dialogue, technical agreement and guidance in the processes involved in effective M&E of maternal and newborn health at the district level and its adequate structure and management, the Department of Making Pregnancy Safer convened a technical consultation, the first in a proposed series, with the following objectives:

- **Share experiences** from routine systems, projects with innovative approaches and research projects in developing countries to monitor and improve maternal and newborn health and services at the district level.
- **Analyse requirements** for effective monitoring and evaluation of maternal and newborn health and services at district level.
- **Discuss an integrated approach** for maternal and newborn health information systems at the district level, including information and resource needs, data collection, data analysis, data interpretation and information use.
  - Analyse and discuss health information systems requirements, both in terms of production of quality data and use of information for district management.
  - Analyse and discuss how to better integrate various health information systems (non-routine and routine) for effective monitoring and evaluation of maternal and newborn health and services.

- **Recommend a process** to moving towards developing future guidance for monitoring and evaluating at district level in a context of national monitoring for Millennium Development Goal achievements. If necessary, to form a Task Force to rapidly advance this area.

### 1.3 Technical advisory group members

Fifty-eight individuals were invited to the consultation. These included 23 country participants, 8 participants from United Nations agencies or other partners, 2 observers, 10 WHO nominated staff and 15 Secretariat members. Individuals represented themselves in an advisory role to the Director General.

Chair: Dr Theo Lippeveld  
Rapporteur: Dr Anuraj Shankar  
List of participants: See Annex A  
Agenda: See Annex B

## 2. Proceedings

### 2.1 Central issues in monitoring and evaluation of maternal and newborn health and services at the district level

A priority objective of district level M&E of MNH is to use information to improve management functions – including those in sectors other than health – that will directly lead to an improvement of the acceptability and implementation of district health services and their impact. It is recognized that the M&E process is not merely a technocratic exercise, but rather a system-wide intervention closely linked to the national health information system, and yet, acting on its own for local decision-making. It should also act within the context of a management cycle, concerned with day-to-day operations, and capable of generating accurate information for timely response.

#### Central issues identified by participants included:

- M&E is a quality improvement tool aimed at assuring systems operations

and implementation of maternal and newborn health and services.

- Availability of information does not guarantee its utilization for evidence-based decisions. Poor data quality and underutilization are core concerns, and use of data needs to move beyond unilateral reporting and toward institutional change through feedback and quality assurance principles.
- It is critical to establish linkages with programmes for which pregnancy can be an entry point in the system so as to decrease missed opportunities for case identification and tracking and avoid duplication of monitoring efforts through more integrated operations and systems.
- A district health system refers to a more or less self-contained segment of a national health system. For purposes of definition, district-level M&E should include the public and private sectors, as well as community and facility levels.
- Increasingly, health functions are transitioning from Ministries of Health to the private sector and other

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