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Overview of Immpact Toolkits

The Immpact Toolkits are practical, versatile, and innovative guides to tools and methods that will help improve measurement of maternal deaths, safe motherhood programme evaluation, and quality of maternal health care.

While much is already known about maternal health and survival, some key questions remain. For example, how do you successfully tailor, implement, and monitor safe motherhood programmes in specific country contexts? This context-relevant knowledge is crucial, because safe motherhood strategies work differently in different settings, due to variation in many factors such as health systems and broader social, political, cultural, and economic influences.

To answer some of these persistent questions, Immpact, a global research initiative, has developed a resource to make robust and comprehensive evaluation of safe motherhood programmes possible. The Immpact Toolkits are a set of data-collection and assessment tools and methods that are designed to measure and explore various aspects of safe motherhood programmes. They focus on certain key areas: maternal and perinatal health and survival, quality of health care services, economic impact, and health system characteristics. These resources are designed to support the development and management of country- and programme-specific evaluations, with different combinations of tools and methods depending on the context.

Both new and improved tools and methods are included in the toolkits for use in the community and in health facilities. Some are “ready-made,” while others require some adaptation. Step-by-step instructions are provided for use in a country setting, although some tools may require more capacity support than others. All currently available tools have been pre-tested and then field tested.

This collection of toolkits is a valuable resource for those who plan to conduct evaluations “on the ground.” It also provides useful information for policymakers who want to make motherhood safer.

This fact sheet focuses on four tools that Immpact has developed—Sampling at Service Sites (SSS), Perceptions of Quality of Care (PQOC), Tracing Adverse and Favourable Events in Pregnancy (TRACE), and the Rapid Ascertainment Process for Institutional Deaths (RAPID).

Sampling at Service Sites (SSS)

Typically, large and often costly household surveys are needed to count maternal deaths. To improve efficiency and cut costs, Immpact developed the SSS tool as an alternative survey method for collecting data on maternal death.

Researchers visit service sites, including locations such as markets or health facilities where large numbers of women congregate, and ask women about the survival of their sisters. Large amounts of data can be gathered quickly and efficiently. This method is innovative because it allows the respondents to come to the interviewers rather than sending the interviewers out to the respondents’ homes, as in a traditional household survey.

Immpact used SSS successfully in Ghana. Teams of four interviewers plus one supervisor were able to interview up to 170 women in a day. In countries with relatively low use of health services such as Burkina Faso, marketplaces proved to be a promising alternative location.

Rapid Ascertainment Process for Institutional Deaths (RAPID)

Underreporting of maternal deaths is all too common in developing countries. Accurate estimates of these deaths are necessary to define the scale of the problem and to measure the impact of safe motherhood programmes. By identifying deaths that were missed during routine reporting, the RAPID tool improves the data capture on pregnancy-related deaths in hospitals.

RAPID has two components. The first is a review of health facility records for all deaths of women ages 15–49 to identify all pregnancy-related deaths. The second

component is an assessment of the barriers and facilitators to reporting maternal deaths in hospitals. Findings from RAPID can be used to develop new and improved systems and approaches to reporting maternal deaths. RAPID can be used to evaluate specific safe motherhood strategies, as a monitoring tool, and as a resource-planning tool for health facilities.

Perceptions of Quality of Care (PQOC)

The PQOC method uses in-depth interviews, focus group discussions, and participant observation to explore communities' and health care providers' perceptions of factors that may affect the quality of maternal health care and the provision and use of skilled care at delivery.

The PQOC tool is valuable for exploring both demand-side issues of the community and supply-side issues of providers. The tool is used to better understand health-seeking behaviours and factors that affect both the use and provision of skilled care at delivery.

In Ghana, PQOC was used to investigate quality of maternal care in the context of the delivery fee exemption policy; in Indonesia in the context of the village midwife strategy; and in Burkina Faso in relation to an initiative for facility-based skilled attendance at delivery.

Tracing Adverse and Favourable Events in Pregnancy Care (TRACE)

TRACE helps to tell the story of why women die in pregnancy and childbirth. The tool is used to gather qualitative information on health care for cases of maternal death, life-threatening obstetric complications (near misses), and normal cases to help determine why maternal deaths or disabilities occurred. TRACE can help generate recommendations for improvements in clinical practice and for safe motherhood programmes.

A panel of health professionals convenes to review data on each case of maternal death. Their findings evaluate the standard of care provided. TRACE differs from other panels of this type in that it identifies adverse as well as favourable factors related to the care provided.

In Ghana, the panel used hospital records to assess quality of delivery care in facilities. In Indonesia, TRACE was used to assess the clinical skills and practice of village midwives who work in the community. Since the majority of deliveries in Indonesia occur outside facilities, in-depth interviews with lay people as well as health professionals were conducted to assess the quality of the village midwives' practice.