

SEA ORCHID PROJECT

South East Asia: Optimising Reproductive Health and Child Health Outcomes in Developing Countries

LOGICAL FRAMEWORK

INTRODUCTION

Disorders related to pregnancy and childbirth are a major health issue in South East Asia. By establishing a network of researchers and teachers of evidence-based health care across four SE Asian countries, supported from Australia, this collaborative project aims to improve the clinical practice of treating pregnancy and childbirth related disorders and so the health outcomes of mothers and infants in SE Asia (see study protocol for further project background description).

Purpose of the Logical Framework

A *logical framework* is a tool used to assist with preparing project designs in a systematic and logical way. This logical approach can assist as a *thinking aid* during the planning process, and help to summarise and describe the project clearly and simply. There are three main components to the logical framework:

1. Project rationale (problem analysis)
2. Description of the project (goals, objectives, activities, outputs)
3. Evaluation, research or measurement strategy

The framework should demonstrate the logic of the project both vertically (activities to achieve objectives/expected outcomes, to achieve broader goals), and horizontally (evaluation plan measures project, which in turn addresses identified problems).

Limitations

While logical frameworks can help to clarify the core purpose, activities and expected outcomes of a project, the linear model does not represent complex multifaceted influences, dynamic interactions or unforeseen consequences of the project. In addition, the framework only represents the consensus of *program logic* from the individuals and groups actively participating in the development of the framework. The consensus of perspectives cannot be generalized to groups or individuals who have not participated, and may have different perspectives.

Collaborative approach

The SEA-ORCHID project has adopted a fundamentally collaborative approach. The logical framework represents the contributions of the Sea Orchid team, and aims to assist with clarifying and communicating about the project. The collaborative process of developing the logical framework is as important as the end product.

The information for the project rationale, project plan and evaluation strategy has been extracted from the Project protocol, the survey of current practice information, notes from investigators and minutes of meetings. The drafted framework has then been distributed to all project investigators for discussion and input. Each *node* can adapt the broad project description to develop individual *activity schedules* to meet local needs.

Definitions

GOAL: The broad health impact the project is expected to achieve

PURPOSE: The broad outcome project is expected to achieve

OBJECTIVES: More specific process components which are expected to be achieved to achieve purpose

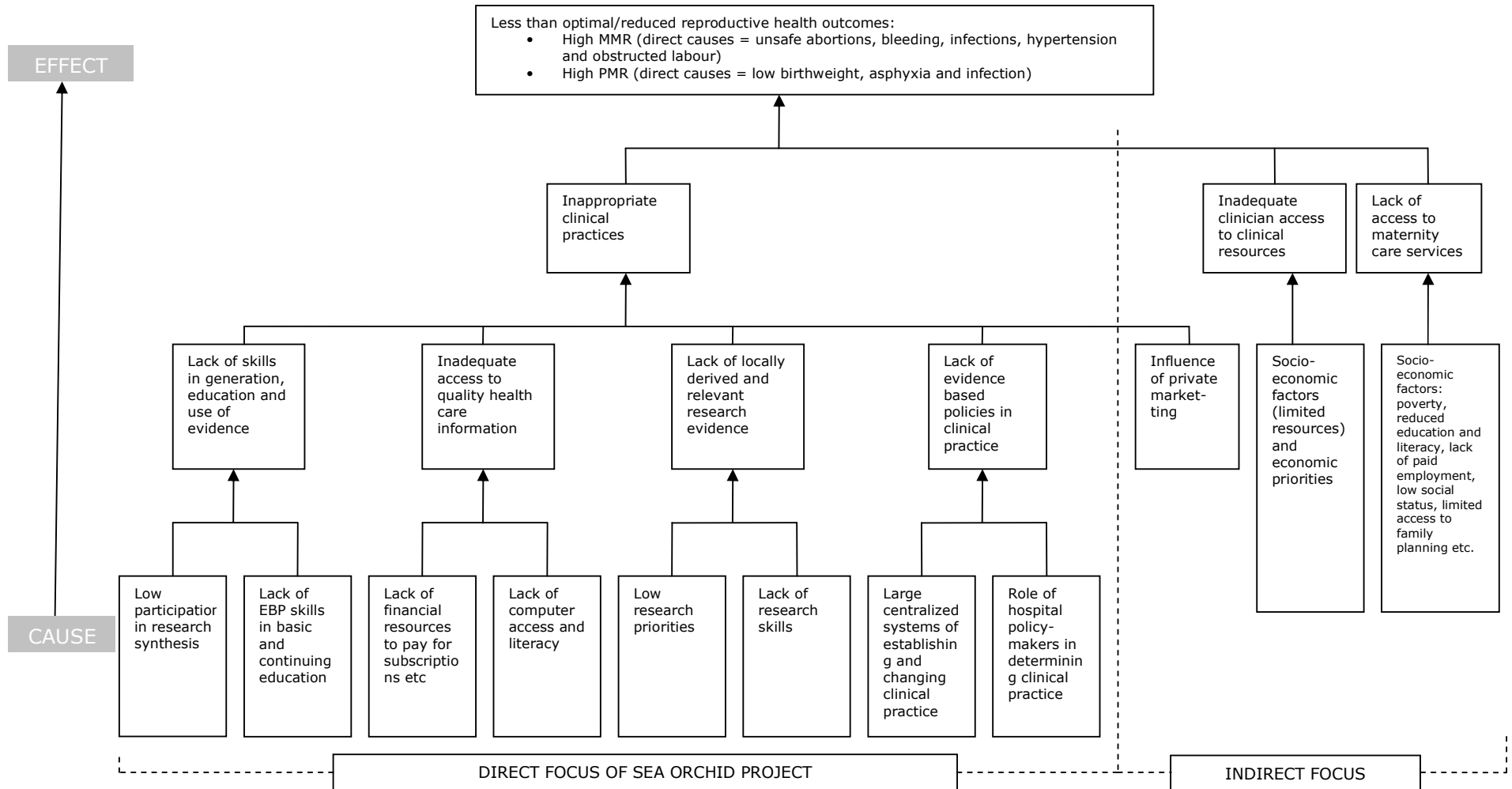
OUTPUTS: Actual tangible results or products which need to be produced to achieve objectives

ACTIVITIES: Specific tasks which need to be undertaken to produce each output (a to do list)

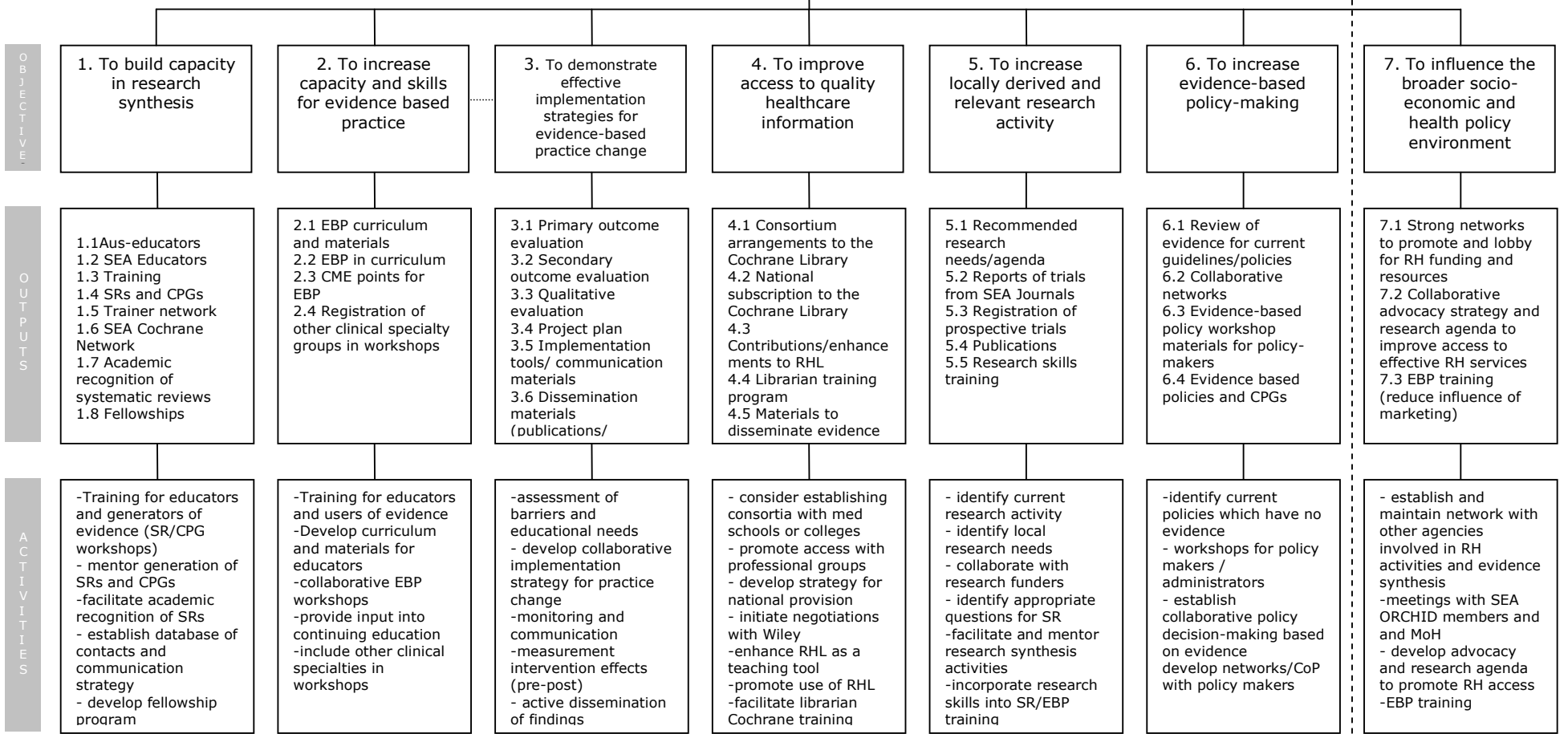
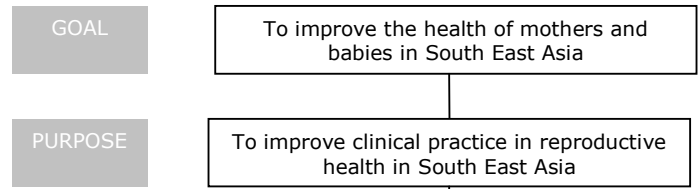
Further information about “The Logical Framework Approach” can be obtained from:

<http://www.usaid.gov/ausguide/ausguidelines/1.cfm>

1. PROJECT RATIONALE: PROBLEM ANALYSIS

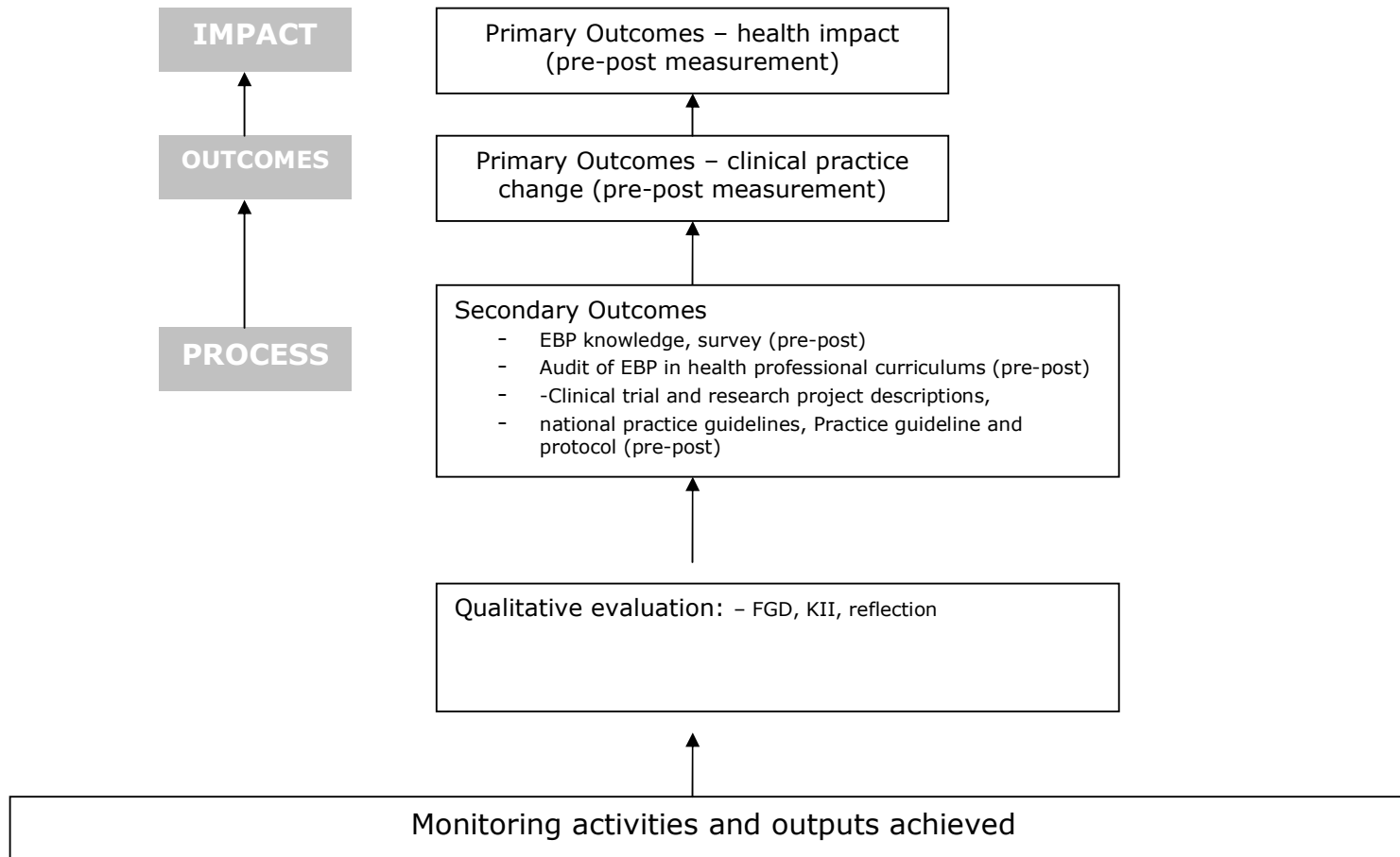


2. PROJECT DESCRIPTION



BARRIERS: LANGUAGE, TIME CONSTRAINTS, SIGNIFICANT VARIATIONS IN UNDERGRADUATE EDUCATION BETWEEN HEALTH PROFESSIONALS
ENABLERS: STRONG EXISTING EBM NETWORKS IN SE ASIA, INCLUDING COCHRANE, ASIA-PACIFIC EBM NETWORK, COLLEGES, WHO/RHL, JHPIEGO, GOVT AND NGO SECTOR

3. PROJECT EVALUATION



3.1 LOGFRAME MATRIX

BRIEF DESCRIPTION OF PROJECT

This project aims to improve effective, evidence based clinical practice in SE Asia, and measure both the effectiveness of the EBM implementation process and whether an increased capacity for research synthesis has an impact on clinical practice and health outcomes.

PROBLEM	PROJECT DESCRIPTION	EVALUATION	Strategic/source/ means of verification	ASSUMPTIONS
<p>Effect: Less than optimal reproductive health outcomes</p>	<p>Goal: To improve health of mothers and babies in SE Asia</p>	<p>Measurement/ Indicators</p> <p>Impact: Maternal and perinatal morbidity and mortality</p> <p>Primary outcomes – health outcomes (html link to outcome data in website)</p> <ol style="list-style-type: none"> 1. Caesarean section rate 2. Maternal perineal injury 3. Maternal infection 4. Maternal post partum haemorrhage 5. Maternal death 6. Eclampsia 7. Perinatal/neonatal death 	<p>Interrupted time series study design, involving baseline data collection pre and post intervention measurement of primary outcomes (html link to further study design details).</p> <p>See activity schedule (output 3.1) for activity details</p>	<p>Barriers/ enablers/ risks</p>
<p>Inappropriate clinical practice</p>	<p>Purpose: To improve clinical practice in reproductive health in South East Asia</p>	<p>Outcomes: Primary outcomes – clinical practice change with measurable health outcomes</p> <ol style="list-style-type: none"> 1. continuous support for women during labour 2. vacuum rather than forceps for operative delivery 3. selective use of episiotomy 4. intra-operative antibiotics at time of caesarean section 5. active management of third stage of labour 6. oxytocics for PPH 7. magnesium sulphate for pre-eclampsia and eclampsia 8. corticosteroids prior to preterm birth 	<p>Review of case reports to determine clinical practice pre and post intervention</p> <p>Pragmatic sample size calculation based on estimates of number of births in each node over time period.</p>	

		<p>Other clinical practice changes:</p> <ul style="list-style-type: none"> • Antibiotic use for prelabour rupture of membranes • ECV for breech \geq 37 weeks • Shaving of pubic hair • Enema use • Perineal suturing, material used and technique • Skilled resuscitator for neonatal resuscitation • Newborn hepatitis B immunization • Antibiotic use for postnatal infection 		
CAUSES	OBJECTIVES Outputs	PROCESS MEASURES: SECONDARY OUTCOMES Monitoring indicator(s)		
LACK OF SKILLS IN GENERATION, EDUCATION AND USE OF EVIDENCE	(LINKS TO ACTIVITY SCHEDULE) 1. TO BUILD CAPACITY IN RESEARCH SYNTHESIS (SRs AND CPGs) – GENERATORS OF EVIDENCE	NO. GLOBAL CONTRIBUTIONS TO COCHRANE (PRE AND POST INTERVENTION) Proportion of professionals surveyed who have participated in research, CPG and synthesis activities	COCHRANE LIBRARY and ARCHIE (CONTACT DATABASE) KBA survey (pre-post intervention)	
	1.1 Australian based educators			
	1.2 SEA based educators			
Low participation in research synthesis	1.3 Curriculum and training materials for SRs and CPGs	Evaluation of capacity of SEA trainers and training network		
	1.4 Systematic reviews and clinical practice guidelines	No. of SR and CPG workshops No. and description SRs and CPGs, including aggregation by speciality to assess extrapolation to other areas	Cochrane Library and consultation with project investigators Trainer network database	
	1.5 Networks of trainers	No. trainers on database		
	1.6 South East Asian Cochrane Network	No. participants in Archie (Contact db) No. branches of ACC in SE Asia	SE Asian Cochrane Network Module in Cochrane Library	

	1.7 Academic recognition of systematic reviews	No. and description SEA academic sites recognizing SRs	Recognition documentation from Project Investigators	
	1.8 Fellowship program	No. and description of fellowships	Project intervention records	
Lack of EBP training in basic and continuing education	2. TO INCREASE CAPACITY AND SKILLS FOR EVIDENCE BASED PRACTICE (USERS OF EVIDENCE)	EBP TRAINING SESSIONS IN BASIC AND CONTINUING EDUCATION CURRICULUM PRE AND POST INTERVENTION Proportion of professionals surveyed who have undertaken training; heard about and used EBP; Cochrane and RHL databases	AUDIT OF BASIC AND CONTINUING EDUCATION KBA survey (pre-post intervention)	
Lack of computer literacy skills	2.1 Curriculum and training materials for EBP	Description of materials developed No. EBP sessions undertaken No. and description of participants	Project intervention records	
	2.2 EBP in basic medical, nursing and midwifery curriculum	EBP in curriculum pre and post intervention	Audit – secondary data collection	
	2.3 CME points for EBP	No. nodes with documented recognition of CME points No. persons receiving CME points for EBP training	Project investigators Project investigators to contact relevant medical authorities	
	2.4 Registration of other clinical specialty groups in training activities	No. persons from other clinical specialties attending training, and description of which ones	Workshop records	
	3. TO DEMONSTRATE EFFECTIVE IMPLEMENTATION STRATEGIES FOR EVIDENCE-BASED PRACTICE CHANGE	IMPLEMENTATION STRATEGIES USED, WITH IMPACT, OUTCOME AND PROCESS EVALUATION Pre and post intervention measurement of primary and secondary outcomes	PROJECT EVALUATION Rigorous records of research process	
	3.1 Primary outcome evaluation	1. Qualitative data current teaching and practice related to EBP, pregnancy and childbirth, and identification of predisposing, enabling and reinforcing factors, as well as analysis of effective processes	Focus groups discussions and with selected groups in intervention sites, key informant interviews, reflections from project team and process monitoring	
	3.2 Secondary outcome evaluation			
	3.3 Qualitative evaluation			

	4.3 Contributions/enhancements to RHL	No. and description of RHL contributions	RHL	
	4.4 Librarian training curriculum	No. and description of librarian training sessions	Project records	
	4.5 Materials to disseminate evidence (eg Tsunami response summaries)	No. and description of resources to disseminate evidence	Project records	
LACK OF LOCALLY DERIVED AND RELEVANT RESEARCH EVIDENCE	5. TO INCREASE LOCALLY DERIVED AND RELEVANT RESEARCH ACTIVITY	NO. OF CLINICAL TRIAL AND RESEARCH PROJECT DESCRIPTIONS	SURVEY OF RESEARCH ACTIVITY IN EACH NODE (PRE AND POST INTERVENTION)	
Low research priorities	5.1 Recommended research needs/agenda for SE Asia	Nodes with documented recommended agenda, dissemination details, description of responses	Project investigators	
	5.2 Reports of trials from SE Asian journals on the Cochrane Library	No. trials identified and submitted to CENTRAL (Cochrane Library)	Cochrane Library	
	5.3 Registration of prospective trials in SE Asia	No. trials registered	?WHO	
	5.4 Publications/papers addressing relevant issues	No. and description of papers	Project investigators	
Lack of research skills	5.5 Training in research skills	No. training sessions No. and description of participants	Project intervention records	
LACK OF COLLABORATION AND INTEGRATION BETWEEN POLICY, PRACTICE AND RESEARCH	6. TO PROMOTE EVIDENCE BASED POLICY-MAKING IN CLINICAL ENVIRONMENT	NO. OF EVIDENCE BASED NATIONAL AND LOCAL PRACTICE GUIDELINES	SURVEY IN EACH NODE	
	6.1 Review of current clinical policies and guidelines	No. CPGs reviewed, proportion inadequate, No. revised	Project records – survey and Project investigators - secondary data collection	
	6.2 Collaborative policy-making networks	Description of networking arrangements and communication strategy (eg database) and members Description of sample of collaborative activities	Database and Project investigators	

Role of hospital policy-makers in determining clinical practice	6.3 Evidence-based policy workshop materials for policy-makers	No. specific workshops per node No. and description of participants	Project intervention records	
Large centralized systems of establishing and changing clinical practice	6.4 Evidence-based policies and CPGs	No. EB policies and CPGs pre and post intervention	Secondary data collection	Barrier: Bureaucratic and centralized systems of changing CPGs
	7. TO INFLUENCE THE BROADER SOCIO-ECONOMIC AND HEALTH POLICY ENVIRONMENT			
INADEQUATE CLINICIAN ACCESS TO RESOURCES	7.1 Strong networks to promote and lobby for RH funding and resources (eg expert reference groups)	No. and description of advocacy and lobbying networks and activities No. and description of responses and outcomes	Project investigators	Enablers: strong existing networks
LACK OF ACCESS TO MATERNITY CARE SERVICES	7.2 Collaborative advocacy strategy and research agenda to improve access to effective RH services	Documented advocacy strategy No. and description of advocacy networks, activities, responses and outcomes	Project investigators	Barriers: complex socio-economic and political factors
Influence of private marketing	7.3 EBP training			
		Vertical checks: A: Do these measurements combine to provide a balanced evaluation? (appropriate mix of methods) Is any objective validation of subjective/qual data required and/or adequate, and vice versa, Is any subjective/descriptive information required and/or adequate to complement objective data B: Will they adequately answer the key research questions? 1. Will a targeted intervention to build capacity for generation, evaluation and implementation of evidence lead to improved research output (obj 1&5), research implementation (clinical practice change) and health outcomes?		

		<p>Primary outcomes</p> <p>2. What are current teaching and practice related to pregnancy and childbirth in SE Asia?</p> <p>FGD, KII, reflective learning and EBP survey</p> <p>3. What are local barriers to research use and how can these be overcome?</p> <p>FGD, KII, reflective learning and action research</p> <p>4. Assessment of extrapolation to other important clinical areas, by reviewing no. participants in workshops from other clinical areas, and no. SR and CPGs published from clinical areas in SEA research sites.</p>		
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SEE ACTIVITY SCHEDULE FOR NEXT LEVEL OF DETAIL – IN EXCEL FORMAT