SEA-ORCHID PROJECT LOGICAL FRAMEWORK

Figure 3 - Project rationale: problem analysis

Less than optimal/reduced reproductive health outcomes:
- High Maternal Mortality Rate (direct causes = unsafe abortions, bleeding, infections, hypertension and obstructed labour)
- High Perinatal Mortality Rate (direct causes = low birthweight, asphyxia, infection)

Inappropriate clinical practices

Inadequate access to quality health care information

Lack of skills in generation, education and use of evidence

Inadequate access by to clinical resources

Lack of locally derived and relevant research evidence

Lack of evidence based policies in clinical practice

Lack of research skills

Lack of research priorities

Low research priorities

Lack of computer access and literacy

Lack of computer resources to pay for subscriptions etc.

Lack of financial resources

Lack of EBPs skills in undergrad and post grad curriculum

Low participation in research synthesis

Lack of evidence based policies in clinical practice

Role of hospital policy-makers in determining clinical practice

Large centralized systems of establishing and changing clinical practice

Influence of private marketing

Socio-economic factors (limited resources) and economic priorities

Socio-economic factors: poverty, reduced education and literacy, lack of paid employment, low social status, limited access to family planning etc.

DIRECT FOCUS OF SEA-ORCHID PROJECT

INDIRECT FOCUS

Lack of locally derived and relevant research evidence

Lack of access to maternity care services

Lack of skills in generation, education and use of evidence

Inadequate access to quality health care information

Inadequate access to clinical resources

Lack of evidence based policies in clinical practice

Lack of research skills

Lack of research priorities

Low research priorities

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