

## Performance Management Plan Indicator Worksheet

<p><b>1. Name and number of Strategic Objective:</b> Increased access to appropriate healthcare by expectant mothers in rural Nepal</p>
<p><b>2. Name and number of Intermediate Result:</b> IR3: Enhanced affordability of prenatal care</p>
<p><b>3. Indicator</b> (stated in QQTP terms): Expectant mothers receiving prenatal healthcare by qualified healthcare personnel increased from 43% (WB 2006) to 70% in rural districts in Nepal by 2016 (in the 20 selected districts)</p>
<p><b>4. Is this an Annual Report indicator?</b> yes</p>
<p><b>5. Precise definitions of terms included in the indicator:</b>                      -expectant mothers: pregnant women                      -receiving prenatal healthcare: "attended at least once during pregnancy by skilled health personnel for reasons related to pregnancy" (WB)                      -qualified healthcare personnel: attendants that have complete appropriate training for prenatal health and birthing practices, and are certified by the ministry of health</p>
<p><b>6. Unit of measure:</b> % of expectant mothers receiving prenatal healthcare</p>
<p><b>7. Disaggregated by:</b> women of childbearing age (under 20, 20 - 30, 30 - 40 , over 40) by income, education, district, married vs unmarried</p>
<p><b>8. Indicator Justification and Management Utility:</b> A higher percentage of mothers receiving prenatal care should indicate the increased affordability of healthcare. By monitoring this indicator, if our intermediary results show that one district has already met our goals, while another has not we can reallocate funds accordingly.</p>
<p><b>9. Data collection method:</b> Sibling survival method (interview oldest sibling to assess maternal survival), household interviews, surveys providers, reference local hospital records</p>
<p><b>10. Data source:</b> Qualified pre-natal healthcare providers. Baseline data sources: local healthcare partner organizations, UN, WB, MDGs, local organizations</p>
<p><b>11. Data analysis:</b> construct bi-annual reports of indicators from the raw data to ensure that project is on track, statistical analysis of outliers: re-sample of 3-5% of sample population to ensure accuracy.</p>
<p><b>12. Presentation of Data:</b> written analysis; visual display of data: graphs, charts and digital storytelling project; website</p>
<p><b>13. Review of data</b> (how and by whom will data quality be safeguarded?): third-party evaluator in addition to joint-evaluation with partner organizations, to review our results framework, data collection techniques, interpretation of results and conclusions</p>
<p><b>14. Reporting of data:</b> All data will be compiled into a report and presentation, and made available on project website, in addition to a two-way data share with the UN, WB, donors, grantees and stakeholders</p>

### **Baseline and Target Values**

**Baseline:** 43% of expectant mothers receive prenatal healthcare in Nepal

**Target:** 70% of expectant mothers receive prenatal healthcare in Nepal