SMNH ROADMAP 2030 M&E FRAMEWORK

This section presents the M&E framework to monitor effective implementation of the SMNH Roadmap. This framework aims to accelerate Nepal's progress towards meeting the Goal 3 of the SDG in 2030. In principle, this M&E framework uses indicators and the targets that already exist in the SDGs (2015-2030); NeNAP (2016-2035); and the NHSS (2015-2020); and uses new indicators and targets only when they are needed to guide and monitor the strategies and key interventions specified in the roadmap. This framework includes goal and outcome level indicators with milestones and targets fixed at national level. The provincial level work plans will have the output level indicators so only some illustrative output level indicators have been included here in a separate format.

There are three goal level indicators and 24 outcome level indicators in the M&E framework. This section includes the following: Annex 5a: Results Chain – a matrix showing the Outcomes; and the Outputs linked to each Outcome. Annex 5b: M&E framework – indicators by goal and outcomes, baseline, milestones, targets, source of data. Annex 5c: Measurement of indicators – definition of the denominator and numerator to compute the indicator value Annex 5d: Illustrative Output level indicators

		esults Framework	0.1	O utputs
Goal	Code	Outcomes	Code	Outputs
swborns			OP1.1	Reproductive, maternal and newborn health services are available and health facilities that comply with the standards are located in strategically accessible areas, with functional referral linkages
Ensuring Healthy Lives and Promoting Well-Being for All Mothers and Newborns	OC1	The availability of quality maternal and newborn health services increased leaving no- one behind	OP1.2	Readiness of health facilities (public and private) to provide services is ensured
g for All Mo			OP1.3	Enabling environment is ensured for health staff to provide quality services
g Well-Bein	OC2	The demand for and utilization of	OP2.1	Mothers and families have appropriate and accurate information and knowledge to seek care in a timely manner
otin	002	equitable maternal and newborn health services increased	OP2.2	Health managers have adequate capacity and address users' needs
Due			OP2.3	More effective and equitable outreach services are ensured
nd Pro			OP2.4	Parliamentarians and locally elected leaders are empowered to demand adequate investment in maternal and newborn health
Ithy Lives ar		The governance of maternal and	OP3.1	Adequate financing is ensured for maternal and newborn health services
nsuring Hea	OC3	newborn health services improved and accountability ensured	OP3.2	Effective and sustainable partnerships are ensured for maternal and newborn health services
Ē			OP3.3	Accountability for maternal and newborn health services is enhanced at all levels

Annex 5a: Results Chain – a matrix showing the Outcomes; and the Outputs linked to each Outcome.

004	Monitoring and evaluation of maternal and newborn health	OP4.1	Monitoring of maternal and newborn health is improved
OC4	improved	OP4.2	Evaluation of maternal and newborn health and health services is planned during the programme design and is effectively carried out
005	Emergency preparedness and response for maternal and	OP5.1	Preparedness of maternal and newborn health services to address emergencies is improved
OC5	newborn health strengthened	OP5.2	Response to maternal and newborn health care in emergencies is strengthened

Annex 5b: M&E framework

Code	الم مرا			Baselir	ne		Mileston	e/Target		Data	Monitoring	Referenc	Domorko
Coae	Indi	cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
G1	Maternal Mo (per 100,00		239	2016	NDHS	125	116	99	70	NDHS/ UN estimate	5 years	SDG 3.1.1	
G2	Neonatal m (per 1,000 li		21	2016	NDHS	18	16	14	12	NDHS, NMICS	5 years	SDG 3.2.2	The national average is
	Province	P1	22										based on
		P2	30										previous five year preceding
		P3	17										the survey
		Gandaki	15										data, whereas
		P5	30										the
		Karnali	29										disaggregation is based on 10
		Sudur	41										years.
		Paschim											youro
		Equity gap	26										
	Wealth quintile	Lowest	36										
	quintile	Second	33										
		Middle	26										
		Fourth	20										
		Highest	12										
	-	Equity gap	24										
	Eco- region	Mountain	35										
	region	Hills	23										
		Terai	28 12										
G3	Stillbirth rate	Equity gap	12	2016	NDHS	17	16	15	14	NDHS,	5 years	NeNAP	
G3	births)	e (per 1,000	18	2016	NDHS	17	10	15	14	NDHS, NMICS	5 years	NENAP	
Outcor	ne 1: The ava	ailability of qu	ality mat	ernal and	newborn hea	alth servi	ces incre	eased leav	ving no-	one behind			

Goal: Ensuring Healthy Lives and Promoting Well-Being for All Mothers and Newborns

Code	Indi	cator		Baselir	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Code	inai	Calor	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
OC1. 1	Number of p secondary a level hospita site birthing midwives for deliveries	and tertiary als with on- units led by	2	2019	Admin record	2	8	10	12	Admin record	Annual		
OC1. 2	a) % of caes section amo institutional Province	ng	0.0	2017/18	HMIS	18.5	18.5	18.5	18.5	HMIS	Annual		18.5% is based on WHO benchmark for institutional C- section rates.
	b) % of CEC monitoring C Robson crite	ONC sites CS by		0	MSS/ Survey	25	50	90	100	MSS/Surv ey	Annual		
OC1. 3	% of assiste deliveries ar institutional	d vaginal nong	2.3	2017/18	HMIS	3-5	3-5	3-5	3-5	HMIS	Annual		
	Province	P1					1	1					
		P2		1									
		P3		1									
		Gandaki		1									
		P5		1			ĺ						
		Karnali		1									
		Sudur											
		Paschim											
		Equity gap	0.0										

Code	Indi	cator		Baselir	ne		Milestone	e/Target		Data	Monitoring	Referenc	Remarks
Coue	indi	Calor	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	itellia ks
OC1. 4	% of clients with quality per national (FP, ANC, s intrapartum essential ne postpartum	services as standards afe abortion, care, wborn care,			NHFS/ NDHS					NHFS/ND HS	5 years		among service users
	Services	Family planning	9.9	2015	NHFS	20	40	60	75				
		Antental care	5.3	2015	NHFS	20	40	60	75				
		Intrapartum care	51	2016	NDHS	60	75	90	100				
		Essential newborn care	TBC		NDHS	60	70	80	90				
		Postpartum care	9	2016	NDHS	20	40	60	75				
OC1. 5		fer to a	9	2019	MPDSR	9	7	6	3	MPDSR	Annual		
	health facility districts Transfer category	On the way from home to facility											
		While transferring from a facility to higher facility											
OC1. 6	facility % of BEONC service sites that have performed all 7 signal functions in the past 3 months	4.2		NHFS	5	10	12	15	NHFS	5 years			
	Province	P1 P2 P3 Gandaki	2.7 12.3 5.2 0.9										

Code	e Indicator		Baselir	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks	
Coue	inur	Calor	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
		P5	5.5										
		Karnali	4.5										
		Sudur Paschim	1.8										
		Equity gap	11.4										
OC1.	% of CEON		10	2018	Program	15	30	50	80	NHFS	5 years		
7	sites with a f				me data								
	special newl												
		ast 3 months											
	Province	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur Paschim											
		Equity gap	0.0										
OC1.		facilities with	94	2015	NHFS	95	97	99	100	NHFS	5 years		
8	delivery serv												
	of assessme	in at the time											
	Province	P1											
	1 TOVINOO	P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										

Code	Indi	cator		Baselir	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Code	indi	cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
OC2. 1	in-union wor reproductive	e age who eed for family isfied with	56.0	2016	NDHS	71	74	76	80	NDHS	5 years	SDG 3.7.1	
	Province	P1	50.1										
	11011100	P2	61.8										
		P3	61.2										
		Gandaki	47.5										
		P5	51.3										
		Karnali	57.9										
		Sudur	61.1										
		Paschim											
		Equity gap	14.3										
	Wealth	Lowest	55.0										
	quintile	Second	58.1										
		Middle	57.7										
		Fourth	56.4										
		Highest	53.2										
	F = =	Equity gap	4.9										
	Eco- region	Mountain Hills	55.1 53.4										
	region	Terai	53.4 58.5										
		Equity gap	5.1										
OC2.	Adolescent		88	2016	NDHS	56	51	43	30	NDHS	5 years	SDG	
2	(births per 1 ages 15-19)	,000 women	00	2010	NDI 13	50	51	43	30	NDIIS	5 years	3.7.2	
	Province	P1	80										
		P2	146										
		P3	44										
		Gandaki	81										
		P5	81										
		Karnali	101										
		Sudur	79										
		Paschim											

Code	Indi	cator		Baselir	ne		Milestone	e/Target		Data	Monitoring	Referenc	Remarks
Coue		cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
		Equity gap	102.0										
	Wealth	Lowest	110										
	quintile	Second	100										
		Middle	105										
		Fourth	84										
		Highest	38										
		Equity gap	72.0										
	Eco-	Mountain	72										
	region	Hills	76										
		Terai	101										
		Equity gap	29										
OC2.	% of women		21.4	2016	NDHS	21	20	18	15	NDHS	5 years		
3	reproductive	age with a											
	24 months	of less than											
	Province	P1	20.3										
		P2	31.6										
		P3	10.9										
		Gandaki	12.4										
		P5	16.9										
		Karnali	23.8										
		Sudur	17.3										
		Paschim											
		Equity gap	20.7										
	Wealth	Lowest	20										
	quintile	Second	24.2										
		Middle	38.6										
		Fourth	18.9										
		Highest	10.1										
		Equity gap	28.5										
	Eco-	Mountain	22.9										
	region	Hills	15.3										
		Terai	24.8										
		Equity gap	9.5										

Code	Indi	cator		Baseli	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Code	indi		Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Kemarks
OC2. 4	used a mod	e age who tion and who ern family ethod within 2	25.2	2016	NDHS	30	40	45	50	NDHS	5 years		
	Province	P1	39.1										
		P2	20.2										
		P3	19.4										
		Gandaki	28.2										
		P5	23.4										
		Karnali	23.8										
		Sudur Paschim	24.8										
		Equity gap	19.7										
	Wealth quintile	Lowest	27.6										
	quintile	Second	24.6										
		Middle	22.6										
		Fourth Highest	24.0 26.9										
		Equity gap	5.0										
	Eco-	Mountain	22.7										
	region	Hills	24.6										
	C C	Terai	26.3										
		Equity gap	3.6										
OC2. 5	% delivered facility		57.4	2016	NDHS	70	74	79	90	NDHS, NMICS	5 years	SDG 3.8.1 b	
	Province	P1	62.2										
		P2	44.6										
		P3	70.7										
		Gandaki	68.3										
		P5	59.4										
		Karnali	35.6										
		Sudur	66.4										
		Paschim Equity gap	35.1										
			35.1										

Code	Indi	cator		Baseli	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Coue	inar	cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
	Wealth	Lowest	33.9										
	quintile	Second	46.6										
		Middle	57.6										
		Fourth	69.5										
		Highest	89.6										
		Equity gap	55.7										
	Eco-	Mountain	41.7										
	region	Hills	61.0										
		Terai	56.9										
		Equity gap	19.3										
OC2.	% of mother	s having 4	NA		NDHS	50	65	75	90	HMIS	5 years	SDG	Note - baseline
6	PNC as per	protocol										3.8.1c	and targets are
	Province	P1											for 3 PNC and not 4 PNC
		P2											Current NDHS
		P3											does not give
		Gandaki											the
		P5											information, NDHS needs
		Karnali											to be updated
		Sudur Paschim											
		Equity gap	0.0										
	Wealth	Lowest											
	quintile	Second											
		Middle											
		Fourth											
		Highest											
		Equity gap	0.0										
	Eco-	Mountain											
	region	Hills											
		Terai											
		Equity gap	0										
OC2.	% of newbo	rns having 4	NA		NDHS	50	65	75	90	NDHS,	5 years		Current DHS
7	PNC as per	protocol								NMICS	-		report do not
	Province	P1											give the
		P2											information, DHS needs to
		P3											

Code	Indi	cator		Baseli	ne		Milestone	e/Target		Data	Monitoring	Referenc	Remarks
Coue	inai	Calor	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Nemarks
		Gandaki											update
		P5											
		Karnali											
		Sudur											note - baseline
		Paschim	0.0										and targets are
	Wealth	Equity gap	0.0										for 3 PNC and
	quintile	Lowest											not 4 PNC
	quintile	Second Middle											
		Fourth											
		Highest Equity gap	0.0										
	Eco-	Mountain	0.0										
	region	Hills											
		Terai											
		Equity gap	0										
OC2.	% of newbo	rns with PSBI	Ū	NA	NDHS/MIC	NA	100	100	100	NDHS/MIC	5 years		Current NDHS
8	treated with				S		100	100	100	S	e yeare		does not give
	Province	P1											the indicators,
		P2											NDHS needs
		P3											to update
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim	0.0										
	Wealth	Equity gap Lowest	0.0										
	quintile	Second											
	90	Middle											
		Fourth											
		Highest											
		Equity gap	0.0										
	Eco-	Mountain	0.0										
	region	Hills											
		Terai											
	L	10101											

Code	Indi	cator		Baseli	ne		Milestone	e/Target		Data	Monitoring	Referenc	Remarks
Code	inai	Calor	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
		Equity gap	0		[
OC2. 9	% of mother least 3 dang (antenatal, i postpartum and the new	ntrapartum, for mother			NDHS					NDHS/MIC S	5 years		Current NDHS does not give the indicators, NDHS needs to update
	a) Antenatal	period		52.2	Household survey	NA	80	90	100	-			
	Province	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										
	Wealth	Lowest											
	quintile	Second											
		Middle											
		Fourth											
		Highest	0.0										
	Eco-	Equity gap	0.0										
	region	Mountain Hills											
	rogion	Terai											
		Equity gap	0										
	b)Intrapartu		0	40.2	Household survey	NA	60	80	100	-			
	Drevie ee	P1			ourroy								
	Province												
		P2											
		P3					ļ						
		Gandaki											
		P5											
		Karnali											
		Sudur											

Code	e Indicator			Baseli	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Coue	man		Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
		Paschim											
		Equity gap	0.0										
	Wealth	Lowest											
	quintile	Second											
		Middle											
		Fourth											
		Highest											
		Equity gap	0.0										
	Eco-	Mountain											
	region	Hills											
		Terai											
		Equity gap	0										
	c) Postpartu	m period		24.4	Household survey	NA	60	80	100				
	Province	P1			Survey								
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										
	Wealth	Lowest											
	quintile	Second											
		Middle											
		Fourth											
		Highest											
		Equity gap	0.0										
	Eco-	Mountain											

Code	le Indicator			Baseli	ne		Milestone	e/Target		Data	Monitoring	Referenc	Remarks
Code	mar		Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
	region	Hills											
		Terai											
		Equity gap	0										
	d) Newborn	- 1		NA		NA	60	80	100	-			
	,	L _				INA.	00	00	100				
	Province	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim	0.0										
	Wealth	Equity gap	0.0										
	quintile	Lowest Second											
	quintilo	Middle											
		Fourth											
		Highest											
		Equity gap	0.0										
	Eco-	Mountain											
	region	Hills											
		Terai											
		Equity gap	0										
Outcon	ne 3: The gov	vernance of m	aternal	and newb	orn health se	rvices im	proved a	nd accou	ntability	/ ensured			
OC3.	% of sanctio	ned posts		NA	NHFS/HuR					NHFS/Hu	5 years		
1	filled (Medic	al Officers,			IS					RIS			
	MDGP, staff	nurse,											
	midwife, Ane Assistant, A												
	MDGP	Nepal				100	100	100	100	1			
		P1								1			
		P2											
		P3											
		Gandaki											
1				l	I		1	l	1	I			

Code	Indicator		Baseline		l	Milestone			Data	Monitoring	Referenc	Remarks	
oouc	indix		Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Kennarko
		P5											
		Karnali											
		Sudur											
		Paschim	0.0										
	Medical	Equity gap	0.0			100	100	100	100				
	officers	Nepal P1				100	100	100	100				
	omooro	P2											
		P2											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										
	Staff nurse	Nepal				100	100	100	100				
		P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim Equity gap	0.0										
	Mid wife	Nepal	0.0			100	100	100	100				
		P1				100	100	100	100				
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										
	Anesthesi	Nepal				100	100	100	100				
	-						-	-					

Code	e Indicator			Baselir	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Coue	indi	Cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Nemarks
	a Assistant	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim Equity gap	0.0										
	ANM	Nepal	0.0			100	100	100	100				
		P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
0.00		Equity gap	0.0	0047	050							050	
OC3. 2	Health work and distribut		33.5	2017	SDG profile	60.0	60.0	60.0	60.0	HRH profile	5 years	SDG 3.c.1	
2	10,000 popu	llation			prome					prome		0.0.1	
	(doctors, nu	rses,											
	midwives, pa	aramedics)											
	Provinces	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim	0.0										
1		Equity gap	0.0					l	l	ļ	I		

Code	Indi	cator		Baselii	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Code	niai		Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
OC3. 3	% of clients received bas free of cost (abortion, del newborn car referral for complication	sic services (FP, ANC, ivery, sick re and us) in the		2015	NHFS					NHFS	5 years		
	public sector		07.4			100	NA	100	100				
	Family Planning	Nepal P1	97.1 95.5			100	NA	100	100				
		P2	98.8										
		P3	98.2										
		Gandaki	99.2										
		P5	98.1										
		Karnali	87.7										
		Sudur Paschim	93.9										
		Equity gap	11.5										
		Mountain											
		Hills											
		Terai											
		Equity gap	0										
	Antenatal Care	Nepal	87.9			100	NA	100	100				
	Cale	P1	91.4										
		P2 P3	92.7 82.4										
		Gandaki	82.4 88										
		P5	83.2										
		Karnali	93.1										
		Sudur	85.1										
		Paschim	00.1										
		Equity gap	10.7										
		Mountain											
		Hills											
		Terai											
		Equity gap	0										
	Sick	Nepal	85.9			100	NA	100	100				

Code	Indicator			Baseli	ne	Milestone/Target			Data	Monitoring	Referenc	Remarks	
Coue		Cator	Data	Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
	children	P1	83.7										
		P2	95.3										
		P3	70.4										
		Gandaki	86.4										
		P5	92.3										
		Karnali	77										
		Sudur	87.6										
		Paschim	0.1.0										
		Equity gap	24.9										
		Mountain											
		Hills											
		Terai	0										
000	Niversite and f	Equity gap	0	NIA	END	7	7	7	7	EMD	A		
OC3. 4	Number of F that spent 9			NA	FMR	7	7	7	7	FMR	Annual		
-		get allocated											
	to reproduct	ive,											
	maternal, ne												
Outcor	adolescent l		otion of	motornal		haalth in	nnrovod			<u> </u>			
		ring and evalu	ation of						I				
OC4.	% of public			NA	MPDSR	100	100	100	100	MPDSR	Annual		
1	hospitals wi deaths revie												
	according to												
	Province	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur											
		Paschim											
		Equity gap	0.0										

Code	Code Indicator			Baseli	ne		Mileston	e/Target		Data	Monitoring	Referenc	Remarks
Code	inui	malcator		Year	Source	2020	2022	2025	2030	source	frequency	е	Remarks
OC4. 2	% of public sector hospitals with perinatal deaths reviewed according to protocol			NA	MPDSR	50	70	100	100	MPDSR	Annual		
	Province	P1											
		P2											
		P3											
		Gandaki											
		P5											
		Karnali											
		Sudur Paschim											
		Equity gap	0.0										
Outcor	ne 5: Emerge	ency prepared	ness an	d respons	e for materna	and nev	wborn he	alth strer	ngthene	d			
OC5. 1	Direct Obste Fatality Rate			NA	HMIS	<1%	<1%	<1%	<1%	HMIS	5 years		

Annex 5c: Measurement of Goal and Outcome indicators

Code	Indicator	Measurement	
		Numerator	Denominator
G1	Maternal Mortality Ratio (per 100,000 live births)	# of maternal death	Total # of live birth
G2	Neonatal mortality rate (per 1,000 live births)	# of neonatal deaths	Total # of live birth
G3	Stillbirth rate (per 1,000 births)	# of stillborn infants	# of births (dead or alive)
OC1.1	Number of public sector secondary and tertiary level hospitals with on-site birthing units led by midwives for low risk deliveries	# of public sector secondary or tertiary level hospital with on-site birthing units led by midwives	Total # of public sector secondary or tertiary level hospitals
OC1.2	a) % of caesarean section among institutional deliveries	# of caesarean section deliveries	# of institutional deliveries
	b) % of CEONC sites monitoring CS by Robson criteria		
OC1.3	% of assisted vaginal deliveries among institutional deliveries	# of assisted vaginal deliveries	# of institutional deliveries
OC1.4	% of clients provided with quality services as per national standards (FP, ANC, safe abortion, intrapartum care, essential newborn care, postpartum care)		

OC1.5	% of maternal deaths during transfer to a health facility in MPDSR districts	# of pregnant and postpartum women who died during transfer to a health facility	# of pregnant and postpartum women died in MPDSR districts
OC1.6	% of BEONC service sites that have performed all 7signal functions in the past 3 months	# of health facility with BEONC service functioning all 7 signal functions in the past 3 months	Total # of health facilities with BEONC service
OC1.7	% of CEONC service sites with a functional special newborn care unit in the past 3 months	# of health facility with CEONC service with a functional special newborn care unit in the past 3 months	Total # of health facilities with CEONC service
OC1.8	% of health facilities with delivery service which have oxytocin at the time of assessment	# of public health facilities with no stock out of oxytocin drugs	Total # of public health facilities
OC2.1	% of currently married or in-union women of reproductive age who have their need for family planning satisfied with modern methods	Contraceptive prevalence rate (CPR)	CPR + unmet need
OC2.2	Adolescent fertility rate (births per 1,000 women ages 15-19)	# of births to women ages 15–19	# of women in the same age range (15-19 years)
OC2.3	% of women of reproductive age with a birth interval of less than 24 months		
OC2.4	% of women of reproductive age who had an abortion and who used a modern family planning method within 2 weeks of abortion	# of women who received modern family planning method within 2 weeks of abortion	# of women of reproductive age who had an abortion
OC2.5	% delivered in a health facility	Number of women who delivered at health facilities	Number of estimated livebirths
OC2.6	% of mothers having 4 PNC as per protocol	Number of mothers who received 4 PNC as per protocol	Total number of mothers
OC2.7	% of newborns having 4 PNC as per protocol	Number of newborns who received 4 PNC as per protocol	Total number of newborns
OC2.8	% of newborns with PSBI treated with antibiotics		
OC2.9	% of mothers aware of at least 3 danger signs (antenatal, intrapartum, postpartum for mother and the newborn)	Number of mothers aware of at least 3 danger signs (for each stage)	Total number of mothers
OC3.1	% of sanctioned posts filled (Medical Officers, MDGP, staff nurse, midwife, Anaesthesia Assistant, ANM)	Number of sanctioned post filled (by position)	Total number of sanctioned post (by position)
OC3.2	Health worker density and distribution per 10,000 population (doctors, nurses, midwives, paramedics)	Number of health worker working in a specific areas (by types of health worker)	Total population of the same area
OC3.3	% of clients who received basic services free of cost (FP, ANC, abortion, delivery, sick newborn care and referral for complications) in the public sector	Number of clients who receive basic service free of cost (by specific service)	Total number of clients (by specific service)

OC3.4	Number of Provinces that spent 90% of the annual budget allocated to reproductive, maternal, newborn and adolescent health		
OC4.1	% of public sector hospitals with maternal deaths reviewed according to protocol	Number of public sector hospital with maternal deaths reviewed according to protocol	Total number of public sector hospital among hospital implemented MPDSR programme
OC4.2	% of public sector hospitals with perinatal deaths reviewed according to protocol	Number of public sector hospital with perinatal deaths reviewed according to protocol	Total number of public sector hospital among hospital implemented MPDSR programme
OC5.1	Direct Obstetric Case Fatality Rate		

Annex 5d: Illustrative output indicators

Code	Indicator
OP1.1.1	% of health facilities providing IUCD services
OP1.1.2	% of health facilities providing implant services
OP1.1.3	% of women who received contraceptives after induced abortion (surgical or medical)
OP1.1.4	% pregnant women who had four ANC check-ups as per protocol
OP 1.1.5	% of women who had 4 ANC check-ups and delivered in a health facility
OP 1.1.6	% of mothers receiving at least one PNC home visit
OP1.2.1	% of government health facilities that are certified safe abortion sites
OP 1.2.2	% of health facilities with a laboratory
OP 1.2.3	% of health facilities using minimum service standards
OP 1.2.4	% of hospitals receiving CEONC fund
OP 1.2.5	% of CEONC service sites with a Special Newborn Care Unit
OP 1.3.1	% of ANMs working in strategically located birthing centres with training in obstetric first aid
OP 1.3.2	% of hospital staff with in-service counselling training
OP 1.3.3	% of staff working in remote rural locations who had a short-term rotation
OP 2.1.1	Contraceptive prevalence rate
OP 2.1.2	% of postpartum mothers using a modern family planning method (implant, IUCD)
OP 2.1.3	% of women who received 180 day supply of iron folic acid during pregnancy
OP 2.1.4	% of pregnant women who received anthelmintic
OP 2.1.5	% of pregnant women taking 1g of calcium per day
OP 2.1.6	% pregnant women who gave birth at home and used misoprostol
OP 2.1.7	% of postpartum women who received a PNC check-up within 24 hours of delivery
OP 2.1.8	% of neonates who received a check-up within 24 hours of birth
OP 2.1.9	% of women (% of newborns) who had 3 postnatal check-ups as per protocol

OP 2.1.10	% of newborns who had chlorhexidine ointment applied immediately after birth
OP 2.1.11	% of newborns who initiated breastfeeding within an hour of birth
OP 2.1.12	% of postpartum women who received a 45 day supply of iron and folic acid
OP 2.1.13	% of postpartum women who received vitamin A supplementation
OP 2.2.1	% hospitals conducting group ANC counselling sessions
OP 2.2.2	% schools with compulsory sex education
OP 2.3.1	% of planned PHC outreach clinics conducted
OP 2.3.2	% of women who received a contraceptive injectable at PHC outreach clinic
OP 3.1.1	% of locally generated resources used to finance maternal and newborn health
OP 3.2.2	% of Provinces and Local Governments with contracts for services for maternal and newborn health
OP 3.3.1	% of health facilities displaying citizen's charters
OP 3.3.2	% of Local Governments conducting social audits
OP 4.1.1	% of hospitals conducting MPDSR
OP 4.1.2	Number of community based MPDSR conducted
OP 4.2.1	Number of Periodic review conducted incorporating maternal and newborn health service
OP 5.1.1	% of provinces reviewed preparedness plan for maternal and newborn health at least annually
OP 5.1.1	% of nominated referral hospitals (or hub hospitals) that have carried out annual drills
OP 5.1.2	% of Provinces that have an emergency roster of health professionals, including those for maternal and newborn health services
OP 5.2.1	% of hub hospitals that provide maternal and new born health services for the affected population during an emergency

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