

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-082	<b>Communities Establishing Emergency Transportation for Pregnancy:</b> Number of communities establishing emergency transportation for pregnant women.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <b>Project Area:</b> Maternal, Neonatal and Child Health <b>Project Activity Area/Training Package:</b> Maternal and Neonatal Care	
<b>Type:</b> Short-term Outcome	<b>Unit of Measure:</b> Communities	<b>Disaggregation:</b> None

**To be counted for this indicator the following criteria must be met:**

- The community must have a written plan clearly outlining where, how and by whom the emergency transport will be provided
- There must be a formal MOU established with the local health center and/or hospital for referrals
- The transportation system must be accessible to all pregnant women
- There must be a registry for documenting requests for service and use of services
- The system must have been used at least once since the last reporting period
- The Volunteer or their counterpart must have assisted the community to develop and establish the emergency transportation system

**Definitions:**

**Emergency transportation:** is defined as a vehicle (simple as a bike or motor bike with an attached stretcher, taxi or ambulance service) able to quickly and efficiently carry women to an appropriate health facility for obstetric emergencies and deliveries.

**Rationale:** Pregnancy complications can be unpredictable and many women in developing countries cannot access health facilities where life-saving care is available. The three delays that have been shown to contribute to preventable perinatal deaths and maternal mortality are: a delay in recognizing danger signs of pregnancy and/or labor; a delay to seek care or a delay related to transportation to an adequate facility. Thus, timely availability of emergency transport services and prompt decision-making contribute to better maternal and neonatal outcomes.

**Measurement Notes:**

- 1. Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—a survey, in-depth interviews, secondary data (log books, registry, etc.)—though there may be other data collection methods that are appropriate. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
- 2. General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the

bullet on “frequency of measurement”).

- 3. Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. To assess if a community has established an emergency transportation system for pregnancy women, Volunteers should use the suggested data collection tool to take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with community members, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with these individuals first. The same tool used to collect baseline information will be used to take the follow-on measurement (see the bullet on “frequency of measurement”). The follow-on measurement should be taken after the Volunteer has conducted his/her activities (in this case, worked with a community to help them develop and establish an emergency transportation system).

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

- 4. Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same community, to assess if they have indeed established an emergency transportation system for pregnancy women. This measurement is taken typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one community has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving

the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator is a community established an emergency transportation system for pregnant women as compared to what was measured initially at baseline. In the case of this indicator, if the community the Volunteer/partner works with already had an emergency transportation system before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count them for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the community decided to develop and establish an emergency transportation system for pregnant women that would count because the Volunteer's work influenced this change.
- 6. General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of communities that, after working with the Volunteer/partner, established emergency transportation for pregnant women. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of communities who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator has no disaggregation.

**Data Quality Assessments (DQA):** DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

**Alignment with Summary Indicator:** No Link