Input indicator: Cost per birth delivered by a skilled birth attendant (SBA)

Indicator description	This indicator estimates the cost to DFID of providing a skilled birth attendant (SBA), such as a midwife, nurse or doctor, during childbirth.
Methodological summary	Cost per birth delivered by SBA is calculated as the total DFID spend on SBA divided by the total number of births attended by SBA attributed to DFID over the same period. A single overall result is calculated across DFID-focus countries. The number of births attended by SBA attributed to DFID in each year is obtained from the DFID results framework (DRF) country returns from the March results commission. Countries do not report achieved SBA results every year as the survey data on which they are based are generally only available every five years. For countries reporting a zero achieved result, the forecast for the year is used instead. DFID's expenditure on SBA is obtained from project information in Aries. We include all direct expenditure on maternal and neonatal health and 25% of indirect expenditure on support to health system strengthening.
Country Office role	This indicator is calculated centrally. No further work is required by the country office following completion of the DRF return.
Data source	Financial information is obtained from Aries. Output data are obtained from the DRF return.
Data included	This indicator requires the number of births attended by SBA attributed to DFID, and DFID's spend on SBA over the same period. A separate methodological note (Quest 3274706) describes the details of the calculation of the output indicator, number of births attended by SBA. In brief, a national estimate of the proportion of births attended by SBA is obtained from survey data. This is then multiplied by the number of births and DFID's funding share to give the number of births attended by SBA attributed to DFID. Countries do not report achieved SBA results every year because survey data are generally only available every five years. For countries reporting a zero achieved result, the forecast for the year is used instead. Establishing specific SBA expenditure is complex. We have chosen to include all direct expenditure on maternal and neonatal health (covering pre- and post-natal care and delivery, prevention and management of consequences of abortion, and safe motherhood activities) and 25% of indirect

	expenditure on support to health system strengthening, in line with the G8 Muskoka methodology[1]. The input sectors included are: 13022: maternal and neonatal health 100% 12010: health poverty reduction budget support 25% 12020: health un-allocable/ unspecified 25% 12110: health policy and administrative management 25% 12220: basic health care 25% 12261: health education 25% 12281: health personnel development 25% 13010: population policy and administrative management: health 25% 13081: Personnel development for pop. and reproductive health 25%
Data calculations	The total DFID spend on SBA, and DFID-attributed SBA results are aggregated separately across DFID focus countries. Then: Cost per birth delivered by SBA = DFID spend on SBA ÷ number of births attended by SBA
Most recent baseline	No baseline is considered. The cost of SBA varies within and among countries and over time. It is important to control for exchange rate variation and inflation when examining trends.
Good Performance	There is no specific target for this indicator. Improvements in quality, and increased efforts to reach the poorest and most vulnerable, can lead to increases in unit costs.
Data dis-aggregation	Systems are not in place to disaggregate data by age or poverty quintile.
Data availability	Information is available from Aries as required, and from the DRF return in spring and autumn.
Time period/ lag	Financial data are available quarterly. Disbursement patterns suggest that annual figures are more robust. Data from the DRF return may lag by a few months if output data are collected in calendar years and reported in financial years.
Quality assurance measures	Data are extracted from Aries and calculations made by an economist within the Human Development Department. They are then checked by a statistician on the AIDS and reproductive health team. Comparison will be made with figures published by WHO or other international development organisation.
Data issues	This indicator uses SBA results in its calculation. Because SBA results follow the same publication schedule, it is important that any late large amendments to the SBA output results are reflected in the input indicator.

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[1] The G8 Muskoka methodology is based on the proportion of the total global population comprising women of reproductive age (25%). See http://canadainternational.gc.ca/g8/summit-sommet/2010/mnch_methodology_isne.aspx?lang=eng for further details.