Indicator description	**Number of births attended by a skilled birth attendant (SBA)**
Version	Quest version 5.1 DATE: 18/06/2013 This replaces version 4.9 of the note (used for reporting rounds up to and including September 2012).
Changes since last version	Substantial changes in 15/02/2013 version to make the note clearer and clarify that: • there are exceptions to the main methodology for geographic regions and where country data are unavailable or unreliable. • country offices do not need to return actual information where no new survey data are available Minor changes in 18/6/13 version to make suitable for publication.
Type of indicator	Cumulative
Methodological summary	The indicator measures DFID's contribution to the cumulative number of births that have been attended by a Skilled Birth Attendant (SBA) in each country. The cumulative number of births attended by an SBA can be estimated by applying SBA coverage rates for the country to the number of births each year and summing these estimates to generate the cumulative result. Data on SBA coverage rates are available from household surveys. For most countries, DFID's support should be calculated by taking a share of the births attended by an SBA in the country, based on DFID's funding share. <u>Exceptions</u> 1) **Geographic regions.** If DFID is only supporting a specific geographical region within a country, the same method should be used. In this case the SBA coverage rate should be applied to the population estimates in that specific geographical region. 2) **Use of programme information.** In some countries, especially post-conflict countries, population based data are unavailable or unreliable. In these circumstances, and when the main DFID financing modality is direct funding to service delivery programmes, it is more appropriate to estimate the annual number of births attended by a Skilled Birth Attendant from these programmes. Exceptions should be agreed with Human Development Department. Country offices are not <u>required</u> to submit numbers of results achieved every year. Because the methodology relies on household surveys which are only usually conducted every 3-5 years, DFID has contracted the Guttmacher Institute to calculate an aggregate annual estimate across all 28 DFID focus countries. This will provide estimates of progress for publication in the DFID Annual Report until sufficient country household survey information is available to generate reliable estimates. **Countries should still submit estimates of progress when new survey data become available.** These are important for triangulation with the Guttmacher estimates. Countries should also update their forecasts when new household survey estimates become available or when DFID's share of funding changes.
Rationale	The WHO defines a Skilled Birth Attendant as 'an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies,

	childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns'. Skilled attendance during childbirth is one of the critical interventions to reduce maternal mortality. There is a correlation between SBA coverage and national Maternal Mortality Ratios (MMRs), although the correlation is weak, particularly in sub-Saharan Africa. MMRs are insensitive to short term changes, and hence there is a need for a proxy indicator. The proportion of births attended by an SBA has been selected by WHO as a proxy indicator to measure progress towards MDG 5.
Country Office Role	Country offices with Maternal Health programmes, General Budget Support or Sector Budget Support should provide: • forecasts of the cumulative number of births attended by an SBA by 2014/15 • estimates of achieved results when household survey data become available. Calculations, data sources and assumptions should be clearly explained in a supporting spreadsheet. This should be saved in Quest, and the Quest number added to the DRF return.
Data sources	Data on the number of births attended by a Skilled Birth Attendant are available from household surveys, notably the Demographic and Health Surveys and Multiple Indicator Cluster Surveys. These are usually available only every 3-5 years. Population data are available from official national population estimates. If these are not available, UN Population Division estimates can be used http://esa.un.org/wpp/unpp/Panel_profiles.htm **Source for funding figures** Information on DFID funding allocation is available from approved Business Cases. Information on the total government health budget should be available from the Annual Progress Report of the Health Sector or directly from the Ministry of Health. Where possible actual expenditure rather than planned expenditures should be used for results estimates.
Reporting Organisation	DFID
Data included	**The proportion of births attended by a SBA.** The latest available estimates are required. **The total number of births.** Estimates of the total number of births in each year as they become available. Forecasts for each year to 2014/15 are required to calculate the forecast. **DFID's contribution to the country's budget.** Contributions for the total Health budget or the Reproductive, Maternal and Neonatal Health budget are needed, depending on the attribution method used (see below). These should be for the most recent year. **The country's overall planning budget** This should be either the total Health budget or the Reproductive, Maternal and Neonatal Health budget, depending on the DFID contribution figures used.

Data calculations	For most countries The **forecast** of the number of births attended by an SBA by 2015 should be calculated by summing the expected number of births attended by an SBA over the period up to 2014/15. Where possible this period should include 2010/11. DFID's contribution to this result should be calculated by applying the DFID attribution rate (see below). The expected number of births attended by an SBA each year should be calculated by applying the expected proportion of births attended by an SBA to the expected number of births in each year. The expected proportion of births attended by an SBA may be available from the country's own forecasts or can be predicted from past trends. Alternatively the SBA coverage from the most recent household survey may be the most appropriate assumption for the likely SBA coverage in 2014/15. The expected number of births each year should be available from national statistics offices or UN Population Division. If not, they should be forecast based on previous trends. Table 1 illustrates how the forecast is calculated. Forecasts should be updated when the DFID attribution rate changes (see below) or when new estimates of births attended by an SBA become available from household surveys. **Estimates of progress** (achieved results) should be provided when new information becomes available from household survey data. They should be calculated by summing estimates of births attended by an SBA in each year. The intervening years may need to be interpolated if household survey data are not available. See table 2**.** Exceptions 1. If DFID is supporting only a specific geographical region within a country, the same method should be used but only the proportion of births attended by an SBA and number of births in that specific geographical region should be used for the calculation. 2. In some countries, especially post-conflict countries, population based data are unavailable or unreliable. In these circumstances, and when the main DFID financing modality is direct funding to service delivery programmes, it is more appropriate to estimate the number of births attended by an SBA funded through these programmes. Exceptions should be agreed with Human Development Department. **DFID attribution** There are different ways of estimating DFID's attribution depending on the type of programme operating in-country. In most cases taking a share of the country's progress based on DFID's share of funding will be appropriate. So, if Country X had 100,000 births attended between 2009/10 and 2012/13, and DFID funds accounted for 10% of maternal health services in Country X, then DFID would be responsible

for 10,000 births attended.

DFID's share of funding could either be its share of funding to Reproductive, Maternal and Neonatal Health programmes or to the health sector as a whole. Where DFID provides general budget support or sector budget support, it is more appropriate to take the share of the health budget. The funding share should be calculated by dividing DFID's funding in the most recent year available by the country's expenditure (or budget if expenditure is not known) in the same year.

DFID's attribution will vary from year to year as DFID or partner government spending changes. The funding share should be calculated for each year by dividing DFID's funding in a particular year by the country's budget in the same year. This methodology is illustrated in table 3.

For further guidance please see the document entitled **'**General guidance for Completion of the Results Template – including approach to attribution and contribution'. This is available on the DRF teamsite:. http://teamsite/sites/fcpd/AEandVfM%20Dept/CP/CorpResultsFramework/Lists/RkyvLinks/AllItems.aspx

Illustrative tables

Table 1 illustrates how the **forecast** number of births attended by an SBA is calculated. It takes a starting point of 2009/10 and forecasts the number of births attended by an SBA over the period 2010/11 to 2014/15.

	Number of births	Proportion of births attended by an SBA	Number of births attended by an SBA
2009/10 actual[1]	1,000	40%	
2010/11 forecast	1,050	42%	441
2011/12 forecast	1,100	44%	484
2012/13 forecast	1,150	46%	529
2013/14 forecast	1,200	48%	576
2014/15 forecast	1,250	50%	626
Cumulative total from 10/11 to 14/15			2,655

[1] This may need to be projected forward from the previous household survey.

In this example there is an expected increase in the proportion of births attended by an SBA of 2 percentage points per year between 2009/10 and 2014/15 from 40% to 50%. The number of births is also forecast to rise from 1,000 to 1,250.

The expected number of births attended by an SBA during the period 2010/11 to 2014/15 is **2,655.**

Table 2 illustrates how the **estimates of progress** are calculated.

	Number of births	Proportion of births attended by an SBA	Number of births attended by an SBA
2009/10 actual[1]	1,000	40%	
2010/11	1,100	41%[2]	451
2011/12	1,200	42%[2]	504
2012/13	1,300	43%[2]	559
2013/14 actual	1,400	44%	616
Cumulative total from 2010/11 to 13/14			2,130

[1] This may need to be projected forward from the previous household survey.
[2] Interpolated from 2009/10 and 2013/14 actuals.

In this example the population estimates showed a rising number of births from 1,000 in 2009/10 to 1,300 in 2013/14. A household survey was conducted in 2013/14 which recorded the proportion of births attended by a SBA as 44%, an increase from the baseline of 40%. The SBA proportion in 2010/11, 2011/12 and 2012/13 was interpolated.

The resulting estimate for the actual number of births attended by an SBA between 2010/11 and 2013/14 is **2,130**.

Table 3 illustrates the annual calculation of attribution.

	Number of births attended by an SBA	DFID share of funding	DFID contribution to births attended
2009/10			
2010/11	600	10%	60
2011/12	800	10%	80
2012/13	1,000	5%	50
2013/14	1,200	5%	60
Cumulative total	2,130		250

In this example, DFID's funding share is 10% in 2010/11 and 2011/12. The partner government substantially increases its funding for Reproductive, Maternal and Neonatal Health programmes in 2012/13, resulting in a reduction of DFID's funding share to 5%. DFID's share of funding is applied to the number of births attended every year. The number of births attended by an SBA that can be attributed to DFID is **250**.

Calculations, data sources and assumptions should be clearly explained in a supporting spreadsheet.

Good performance	Although not a strict "We Will" target, DFID is working towards a target of 2 million births attended by SBA to ensure we can achieve our targets around maternal/neonatal lives saved.
Return format	Forecasts and estimates of progress should be made to FCPD via the templates on the DFID Results Framework teamsite. Spreadsheets containing the data calculations, sources and assumptions should be made available to Human Development Department. Quest numbers should be noted in the FCPD Template.

Data dis-aggregation	**No disaggregations are required from country offices.** The Framework for Results for Reproductive, Maternal and Newborn Health commits DFID to monitor and achieve progress in the poorest 40%. This will be monitored separately by the Guttmacher Institute. If DFID is supporting a specific geographical region rather than the whole country then the number of births in that specific geographical region should be used for the calculation.
Data availability	Household surveys, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys and contraceptive prevalence surveys, are generally conducted every three to five years and are available for the majority of developing countries through the DHS and MICS. Population data can be found from the latest population estimates of the relevant country or from the UN population estimates.
Quality assurance measures	The forecasts and estimates should be double checked by a second adviser before being submitted.
Data issues	Data issues and how they should be addressed are outlined in 'data calculations' section above.