Indicator description	**Number of births delivered with the help of nurses, midwives or doctors through DFID support**
Type of indicator	Cumulative
Overview	This outcome indicator measures DFID's contribution to the number of births that have been attended by a skilled birth attendant (SBA) in each country. Country offices with maternal or newborn health programmes, or which provide general or health sector budget support, should report results against this indicator. For each year, the number of births attended by an SBA is estimated by applying the SBA coverage rate to the number of births. DFID attributed results are based on funding share. The results for each year are summed to generate the cumulative total over the DFID results framework (DRF) period of 5 years from financial year 2010/11 to financial year 2014/15.
Technical definition summary	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'. The definition of SBA used in practice may not be entirely consistent between countries. The total number of births in a year should be taken account of in the calculation, including stillbirths, non-institutional births and each baby from a multiple birth. The methodology set out in this note is used to calculate results obtained through our bilateral programmes. Published results against this indicator also include results from civil society organisations, where the risk of double counting can reasonably be eliminated.
Rationale	Maternal and newborn mortality remains unacceptably high in many developing countries. A major factor in these deaths is the lack of a skilled attendant at childbirth. This indicator is an outcome metric which is understood and used internationally as a proxy measure of progress towards millennium development goal (MDG) 4 on child mortality and MDG 5 on maternal health.
Data calculation and guidance	Number of births attended by SBA = number of births X SBA coverage rate DFID result = DFID attributable fraction X number of births attended by SBA Results are calculated for the whole country for each financial year 2010/11, 2011/12, 2012/13, 2013/14, and 2014/15. If DFID is supporting only a specific geographical region within a country, the same method should be used, with SBA coverage and number of births corresponding to the specific geographical region. For years in which information on births is not yet available, any reasonable method may be used to estimate it pending the publication of new population estimates: for example projections based on historical trend.

	For years in which there is no information on SBA coverage, any reasonable method may be used to estimate it pending the results of the next survey: for example projections based on historical trend, or linearly interpolating between the most recent known rate and the target value. DFID's attributable fraction is its donor share of SBA results. This is usually estimated from inputs, such as budget share. For sector budget support, either the overall health budget or the maternal and newborn health budget is used, corresponding to DFID's contribution. DFID's attribution will vary from year to year as DFID, partner government or other donor spending changes. In countries where population data are unavailable or unreliable, the funding share is unknown, or the main DFID financing modality is direct funding to service delivery programmes, this indicator is estimated from programme data or management information. DFID reports results in UK financial years (April to March). Where country data relate to calendar years or some other division, the closest period to DFID's financial year should be used without adjustment. For example, 2013 calendar year data would be reported under DFID's 2013/14 financial year.
Data sources	SBA coverage rates are available from household surveys, such as the Demographic and Health Surveys and Multiple Indicator Cluster Surveys. Population data can be obtained from official national statistics or United Nations (UN) Population Division. Information on DFID funding allocation is available from approved business cases. Information on the total government health budget is available from the annual progress report of the health sector or directly from the ministry of health. Where possible, actual expenditure rather than planned expenditure should be used.
Reporting roles	Country offices should provide twice-yearly returns of achieved results for financial years 2010/11, 2011/12, 2012/13, 2013/14, and 2014/15, updating previous estimates as new information on births, SBA coverage or DFID attribution becomes available.
Worked example	A country recorded 1,000 births for the baseline year 2009, as shown in the table. UN Population Division medium variant population projections were used to estimate the number of births in each subsequent year pending new population data. The most recent household survey reported SBA coverage of 40% in 2009. The maternal health programme is intended to increase SBA coverage to 50% by 2014. Estimates of SBA coverage are linearly interpolated for intervening years pending new survey data. DFID supported 10% of the country's health budget in 2010, 8% in 2011 and 5% in subsequent years.

Year	Baseline 2009	2010	2011	2012	2013	Target 2014
Number of births	1,000	1,050	1,100	1,150	1,200	1,250
SBA rate	40%	42%	44%	46%	48%	50%
Births attended by SBA	400	441	484	529	576	625
DFID attributable fraction		10%	8%	5%	5%	5%
DFID result		44	39	26	29	31

	DFID's results for each year, pending updated population and SBA data, are entered in the DRF return. The annual results are added together to give the cumulative total for the DRF period.
Baseline data	Country offices can determine the most suitable baseline for this indicator, depending on the timing of their maternal and newborn health programmes and the availability of survey data. Baseline results are not required for the calculation of this indicator, as results are not expressed in relation to the previous year. However, baseline data on births and SBA coverage will be useful to monitor progress.
Return format	Results are returned via a template on the DRF teamsite. Calculations, data sources and assumptions should be clearly explained in a supporting spreadsheet.
Data dis-aggregation	As yet, most countries' data collection systems are unable to support age or wealth disaggregation in DRF reporting. Where disaggregation is possible, results should be given separately for adolescents aged 15–19 years and those in the bottom two wealth quintiles. The Guttmacher Institute provides disaggregated estimates of SBA among the youngest and poorest in DFID focus countries, to enable us to monitor equity in DFID's maternal and newborn health programming.
Data availability	In some countries there will be difficulties obtaining the required data to measure results against this indicator. In these situations, results should be estimated at the output level, using management information or programme data.
Time period/lag	There may be a considerable lag in verifying achieved results, as surveys only take place every 3–5 years.
Quality assurance measures	There are four layers of quality assurance (QA) in place, not including any processes put in place by partners or implementers. 1. Country offices assess data quality during annual reviews and project completion reviews. 2. Country offices comment on the quality of their data being reported in the DRF, and provide a link to the calculations spreadsheet. 3. Policy Division check the DRF return and the calculations, and record any issues in a QA log. 4. Finance and Corporate Performance Division review the QA log to ensure resolution of issues.
Interpretation of results	Caution should be exercised in the interpretation of results, as year-to-year changes in the number of births attended by SBA through DFID support may be driven by a combination of country-specific factors. An increase over time is likely to indicate DFID programming having successfully increased a country's SBA coverage rate. However, increased results may also be due to a greater number of births or an increase in DFID's donor share. Conversely, a decrease over time may indicate an underperforming programme; but could also be due to project completion, a falling birth rate or a decrease in DFID's attributable fraction.
Data quality	This outcome level indicator is considered highly relevant. Skilled attendance

	during childbirth is one of the critical interventions to reduce maternal mortality. Maternal mortality ratios are insensitive to short term changes, hence the need for a proxy indicator to measure progress towards MDG 5. Nineteen DFID country offices and one civil society organisation contribute towards this indicator from programmes on maternal and newborn health or general/health budget support. Results are considered to be moderately accurate overall. Accuracy is good in countries with recent demographic and health surveys, reliable vital registration systems and where DFID's share of funding for maternal and newborn health can be established. The indicator is much more difficult to measure, and likely to be inaccurate, where these things are not in place. Where results are based on surveys which only take place every three to five years, there may be long time lags in obtaining data. Coherence is problematic where country offices or partners are unable to effectively measure the required indicator, and therefore use a proxy such as institutional births. Furthermore, there may be inter-country differences in the definition of SBA affecting coherence. There are no concerns in terms of cost or confidentiality.
Additional comments	Using institutional births, live births or maternities in the calculation (rather than all births) will underestimate the required indicator.
Variations from the standard methodology	Some country offices and the civil society programme use management information or programme data to measure results.