

Tables on the indicators selected by Countdown to 2030 for the 2017 reporting cycle

Table 1. Coverage indicators

	Tier 1	Tier 2	Tier 3
<b>REPRODUCTIVE HEALTH</b>	A1. Demand for family planning satisfied with modern methods	B1. Demand for family planning satisfied	C1. Cervical cancer screening for women 30-49 years
		B2. Contraceptive prevalence rate (CPR)	C2. Young men and women with basic knowledge of SRHR
		B3. Contraceptive prevalence rate, modern methods (mCPR)	
		B4. Unmet need for family planning	
		B5. Unmet need for modern contraception	
		B6. Family planning integration	
<b>MATERNAL AND NEWBORN HEALTH</b>	A2. Antenatal care (four or more visits)	B7. Antenatal care (at least one visit)	C3. Antenatal corticosteroid use
	A3. Intermittent preventive treatment for malaria during pregnancy	B8. Antenatal care (eight or more visits)	C4. Newborn resuscitation
	A4. Treatment of pregnant women living with HIV	B9. Antenatal care content	C5. Babies weighed at birth
	A5. Neonatal tetanus protection	B10. HIV+ pregnant women receiving ARVs for PMTCT	C6. Thermal care
	A6. Skilled attendant at delivery	B11. Institutional deliveries (total and disaggregated by sector (public/private))	C7. Kangaroo mother care
	A7. Caesarean section rate	B12. Postnatal care for mothers and babies	C8. Chlorhexidine cord cleansing

	A8. Postnatal care for mothers		C9. Treatment of neonatal sepsis
	A9. Postnatal care for babies		C10. Pregnant women screening for syphilis
			C11. Uterotonic immediately after birth
			C12. Content of postnatal care for mothers
			C13. Content of postnatal care for newborns
<b>UNDER-5 CHILD HEALTH</b>	A10. Immunization - Rota	B13. Careseeking for fever in children under-five	C14. Full immunization of children under-5
	A11. Immunization - DTP3	B14. Appropriate careseeking for diarrhoea, suspected pneumonia, or fever	C15. Appropriate treatment for malaria
	A12. Immunization - Hib3	B15. Malaria treatment - 1st line treatment	
	A13. Immunization - PCV3	B16. Diarrhoea treatment: Zinc	
	A14. Immunization - Measles		
	A15. Malaria prevention in children under-five - sleeping under ITNs		
	A16. Careseeking for symptoms of pneumonia		
	A17. Malaria diagnostics in children under-five		
	A18. Diarrhoea treatment: ORS		
	A19. Diarrhoea treatment - ORS + zinc		
<b>ADOLESCENT HEALTH</b>	A20. Demand for family planning satisfied with modern methods among adolescent women	B17. HIV testing for adolescents	C16. Human papilloma virus (HPV) vaccine coverage among adolescents
	A21. ANC4+ among adolescents	B18. HIV testing for adolescents with feedback	

	A22. Skilled attendant at delivery among adolescents		
	A23. Postnatal care for adolescent mothers		
<b>NUTRITION</b>	A24. Early initiation of breastfeeding	B19. Exclusive breastfeeding disaggregated by month	C17. Mothers who received counselling, support or messages on optimal breastfeeding at least once in the last year
	A25. Exclusive breastfeeding	B20. Continued breastfeeding (year 2)	C18. Pre-lacteal feeds
	A26. Continued breastfeeding (year 1)	B21. Introduction of solid, semi-solid or soft foods	C19. Households with available iodized salt
	A27. Minimum dietary diversity	B22. Minimum acceptable diet	C20. Severe acute malnutrition (SAM) geographical coverage
	A28. Vitamin A supplementation, full coverage	B23. Iron and folic acid supplements for pregnant women	
		B24. Iodized salt consumption	
<b>CROSS-CUTTING THEMES: ENVIRONMENTAL INTERVENTIONS</b>	A29. Population using basic drinking-water services	B25. Safe deposit of child feces	C21. Households using improved cooking stoves
	A30. Population using basic sanitation services	B26. Households using solid fuel for cooking	C22. Population with primary reliance on clean fuels and technology
	A31. Population with hand washing facilities with soap and water at home		
<b>CROSS-CUTTING THEMES: HOUSEHOLD INTERVENTIONS</b>	A32. Population sleeping under ITN or sleeping in a house sprayed by IRS	B27. Household ITN ownership	
		B28. Universal coverage of vector control	

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Source: Immunization rates, World Health Organization (WHO) and United Nations Children's Fund (UNICEF); postnatal visit for mothers and postnatal visits for babies, Saving Newborn Lives analysis of Demographic and Health Surveys and Multiple Indicator Cluster Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; all other indicators, UNICEF global database, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Table 2. Demographic indicators

<b>Indicator Map by Tier (red=CD2015 indicator)</b>			
	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
<b>Population</b>	A1. Total population A2. Total under 5 population  A3. Total adolescent (10-19) population  A4. Completion rate, upper secondary education, females	B1. Urban population (%) B2. Proportion of urban pop living in slums, informal settlements or inadequate housing B3. GDP per capita (PPP)  B4. Proportion of population below the international poverty line B5. Proportion of population below the national poverty line B6. Percentage of adolescent girls (15-19) of total females aged (15-49)	C1. Proportion of the rural population who live within 2 km of an all-season road
<b>Fertility</b>	A5. Births (000) A6. Total fertility rate A7. Adolescent (15-19 years) birth rate		C2. Adolescent (10-14) birth rate
<b>Child protection</b>	A8. Birth registration	B7. Percentage of women aged 20-24 years who gave birth before age 18 B8. Percentage of women aged 20-24 years old who were married or in union by 18 and by 15 years	

		B9. Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting	
<b>Maternal Mortality</b>	A9. Maternal mortality ratio (adjusted) A10. Causes of maternal death (regional) A11. Total maternal deaths  A12. Lifetime risk of maternal deaths		C3. Maternal near miss ratio  C4. Proportion of maternal deaths registered C5. Placeholder for morbidity, we are including prevalence of anemia (see nutritional status indicators) C6. % of maternal deaths among adolescents
<b>Stillbirths and Child Mortality</b>	A13. Neonatal mortality rate  A14. Stillbirth rate  A15. Neonatal deaths, as % of all <5 deaths  A16. Under 5 mortality rate  A17. Total under 5 deaths  A18. Causes of under 5 deaths (includes details on causes of neonatal deaths as well)	B10. Infant mortality rate  B11. Post neonatal child mortality rate B12: child mortality, 5-14 years of age or possibly just child mortality, 5-9yrs of age (if we are able to get estimates for 5-9 from IGME, we would then have U5MR, child aged 5-9, and adolescent aged 10-19)	C7. Proportion of child deaths registered C8. Intrapartum stillbirth rate  C9. Preterm birth rate, prevalence  C10. Small for gestational age, prevalence C11. Neonatal morbidity rates C12. Disability after neonatal conditions

Adolescent Mortality	A19. Adolescent (10-19) mortality rate, by sex		C13. Adolescent causes of death, by sex
Nutritional Status	A20. Low birth weight prevalence (%) A21. Under-5 stunting (%) A22. Wasting prevalence (moderate and severe, # and %), <5 A23. Women of reproductive age, short stature A24. Prevalence of anemia in women aged 15-49 A25. Women (15-49) with: low BMI (<18.5, %), BMI 25-30 (%), overweight), BMI > 30 (%), obese), disaggregate by age to get adolescent	B13. Under 5 underweight (%) B14. Under 5 overweight (%)	

Table 3. Drivers indicators

<b>Indicator Map by Tier (red = Countdown to 2015 indicator)</b>			
<b>Tiers</b>	<b>1: In country profiles (critical)</b>	<b>2: On website, with data (complementary)</b>	<b>3: On website, but no/ad hoc data (aspirational)</b>
<b>Sexual and Reproductive Health</b>	<b>A1.</b> Legal status of abortion	<p><b>B1.</b> Whether laws and regulations guarantee women 15-49 access to contraception independent of spousal or parental consent</p> <p><b>B2.</b> If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services (disaggregate for adolescents if possible, and also specify whether commodities/ medicines are included)</p> <p><b>B3.</b> Percent of women using contraception who participated in the decision to use contraception</p>	<p><b>C1.</b> Presence of a national strategy and action plan with budget allocations on sexual and reproductive health which is periodically reviewed and monitored through participatory processes and disaggregated by prohibited ground of discrimination (per ESCR General Comment No. 22 (2016) on the right to sexual and reproductive health)</p> <p><b>C2.</b> Does the State ensure that access to SRH information and services is not impeded by the claim of conscientious objection by a health care provider or pharmacist?</p>
	<p><b>A2.</b> Antenatal corticosteroids for preterm labour</p> <p><b>A3.</b> Kangaroo mother care for low birthweight newborns</p>	<p><b>B4.</b> Management of childbirth policy</p> <p><b>B5.</b> Discharge after birth for mother and newborn policy</p>	<p><b>C3.</b> Chlorhexidine for countries with NMR over 30</p> <p><b>C4.</b> Minimum or basic newborn policy delineating the essentials of newborn care to be provided</p>



	<b>A4.</b> Maternity protection (Convention 183)		<b>C5.</b> Presence of protocols/policies on combined care of mother and baby, immediate breastfeeding, and observations of care <b>C6.</b> Presence of Respectful Maternity Care (RMC) as a right in the national health plan(s)
<b>Under 5 child health</b>	<b>A5.</b> National policy on integrated community case management of childhood illness	<b>B6.</b> National guidelines for management of childhood illnesses <b>B7.</b> Implementation of the Integrated Management of Childhood Illness (IMCI) Strategy <b>B8.</b> Periodic reporting to the Convention of the Rights of the Child (CRC)	
<b>Adolescents</b>	<b>A6.</b> Family planning for adolescents without spousal or parental consent	<b>B9.</b> Country includes HPV vaccination in its vaccination program <b>B10.</b> Legal age of marriage in the country by sex <b>B11.</b> For unmarried adolescents, does the country have laws or regulations that allow underage (minor) adolescents to provide consent to the following services without parental consent? If yes, at what age?	

		<p><b>B12.</b> Does the country have national policy/strategy documents specific to adolescents or young people (10-24 years) or are adolescents or young people cited as a specific target group for defined interventions/activities in a national policy/strategy document for the following health issues?</p> <p><b>B13.</b> The country has national standards for delivery of health services to young people</p> <p><b>B14.</b> The country has a functional national adolescent health programme</p>	
Nutrition	<p><b>A7.</b> International code of marketing of breastmilk substitutes</p> <p><b>A8.</b> Legislation on fortification (wheat, rice, maize)</p>	<p><b>B15.</b> National guidelines for management of severe acute malnutrition (SAM) incorporating the community based approach</p>	<p><b>C7.</b> Extent of constitutional right to food</p> <p><b>C8.</b> Policy on supplementation on iron folate</p>
NCDs			
Service Delivery	<p><b>A9.</b> Availability of functional emergency obstetric care (EmOC) facilities, disaggregating between BEmOC and CEmOC facilities</p>	<p><b>B16.</b> Availability of EmOC by estimated births</p> <p><b>B17.</b> Informed choice for contraception (index)</p>	<p><b>C9.</b> Availability of services for mothers and newborns that are provided in the same setting)</p> <p><b>C10.</b> Proportion of maternity facilities that are "baby friendly"; or proportion of births in Baby Friendly</p>

			<p>Hospitals</p> <p><b>C11.</b> Percentage of health facilities with a water source or water supply in or near (within 500m) the facility for use for drinking, personal hygiene, medical activities, cleaning, laundry, and cooking</p> <p><b>C12.</b> Availability of functional routine care: obstetric and newborn care facilities</p> <p><b>C13. (1/2)</b> Percentage of facilities that demonstrate readiness to deliver specific services, family planning, antenatal care, basic emergency obstetric care, and newborn care INCLUDING: functioning emergency transport; life-saving commodities for maternal and newborn health; and A water source or supply in or near (within 500m) the facility for use for drinking, personal hygiene, medical activities, cleaning, laundry, and cooking</p> <p><b>(2/2)</b> Percentage of health care facilities in a country that offer a minimum package of sexual and reproductive health services</p> <p><b>C14.</b> Proportion of health facilities that provide postpartum, postabortion and/or HIV services that also provide clients who use those services with contraceptive information and care</p> <p><b>C15.</b> Percentage of health facilities with clinical management of rape survivors (as per WHO guidelines)</p> <p><b>C16.</b> Presence of a national grievance mechanism (ex: ombudsperson) to receive and facilitate resolution of concerns and grievances from affected parties related to [SRMNCAH]</p>
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			<p><b>C17.</b> Does the government have mechanisms in place for reporting instances of denial of services on non-medical grounds (age, marital status, ability to pay) or coercion (including inappropriate use of incentives to clients or providers)?</p> <p><b>C18.</b> SRH users reporting privacy</p> <p><b>C19.</b> Percentage of facilities with electricity</p>
<b>Health Workforce</b>	<p><b>A10.</b> Density of health workers</p> <p><b>A11.</b> Midwives authorized for specific tasks</p>	<p><b>B18.</b> Health worker density and distribution</p> <p><b>B19.</b> Population density of health workers (per 1,000 population): physicians, nurses and midwives, and community health workers</p> <p><b>B20.</b> Health personnel authorized for tasks and responsibilities during childbirth</p>	<p><b>C20.</b> Density of midwives, by district (by births)</p> <p><b>C21.</b> Presence of a component that specifically addresses the Universal Rights of Childbearing Women (RMC Charter) in the national pre-service education curriculum for all midwifery service providers</p>
<b>Health Information</b>	<p><b>A12.</b> Maternal deaths review elements</p>	<p><b>B21.</b> The maternal death surveillance and response system is reviewed annually in terms of completeness of surveillance and quality of the response, including actions to improve quality of care</p> <p><b>B22.</b> (1/3) National policy requiring all neonatal deaths to be reviewed (2/3) National policy requiring all stillbirths to be reviewed (3/3) Facility stillbirth review (audit) in place</p>	<p><b>C22.</b> Maternal death registration including cause of death</p>
<b>Medicines &amp; Commodities</b>	<p><b>A13.</b> Reproductive lifesaving commodities in essential medicine list</p>		<p><b>C23.</b> Availability of essential medicines and commodities</p>

	<p><b>A14.</b> Maternal lifesaving commodities in essential medicine list</p> <p><b>A15.</b> Newborn lifesaving commodities in essential medicine list</p> <p><b>A16.</b> Child lifesaving commodities in essential medicine list</p>		<p><b>C24.</b> Year the essential medicines list was most recently revised</p> <p><b>C25.</b> Whether lifesaving RMNCH commodities have products registered</p> <p><b>C26.</b> Availability of essential RMNCH commodities at central stores</p> <p><b>C27.</b> Commodities included in the RMNCH costed plans</p>
<b>Financing related to</b>	<b>A17.</b> Costed national implementation plan for maternal, newborn and child health		<b>C28.</b> Costed national implementation plan for reproductive health
<b>Financing - National-level</b>	<p><b>A18.</b> Per capita Total Expenditure on Health</p> <p><b>A19.</b> Government expenditure on health per capita</p> <p><b>A20.</b> Out of pocket expenditure as % of total expenditure on health</p> <p><b>A21.</b> General government expenditure on health as % of total government expenditure</p>	<p><b>B23.</b> Total expenditure on health (% of gross domestic product)</p> <p><b>B24.</b> Headcount ratio of catastrophic health expenditure</p> <p><b>B25.</b> Headcount ratio of impoverishing health expenditure</p>	<p><b>C29.</b> Share of total health expenditure that is pooled</p> <p><b>C30.</b> Progressivity of health sector funding</p> <p><b>C31.</b> RMNCH expenditure by source (COIA) (general government expenditure, external sources, private sources)</p>

Financing - Official	A22. ODA flows to RMNCH (Muskoka method) (2015)	B26. ODA to child health per child (US\$) (LSHTM method) (2013) B27. ODA to maternal and newborn health per live birth (US\$) (LSHTM method) (2013)	
Leadership/Governance/ Community Participation	A23. Civil society involvement in national maternal newborn and child health programmes		C32. The national RMNCAH strategy/plan of action mandates community participation in decision-making, delivery of health services, and monitoring and evaluation  C33. Districts/provinces have community accountability mechanisms (e.g. score cards, community consultations, community conversations, community charters, community health committees, civil society hearings etc.) in place to support women's, children's and adolescents' health C34. Country holds routine national health sector reviews with basic criteria for broad stakeholder participation, including a structured process to engage political and financial decision makers C35. System in place for dialogue service users and providers
Cross-cutting		B28. Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management B29. Right to universal access to health services enshrined in national	C36. Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control  C37. Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-

		legislation	discrimination on the basis of sex
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Figure. Evaluation framework guiding CD to 2015 analyses and indicator selection processes (to be updated for CD to 2030)

