Aggregated Reference Indicators (ARIs)

HLT_ARI_1 Safe birth delivery
Number of births attended by skilled health personnel

Contribution to sub-objective of M21-24	*Sub-objective 7: Strengthening equitable access to quality basic services*
Contribution to 2030 Agenda: SDG target	SDG target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. SDG target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
Definition (description, specification, qualification)	Skilled health personnel are doctors, nurses and midwives, including traditional birth attendants (TBA). A traditional birth attendant (TBA) is a person who assists a mother during childbirth and who initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants. More: Joint WHO/UNFPA/UNICEF statement on TBA, 1992. Birth attendance is a proxy indicator for the quality and availability of basic health services. The indicator measures number of lives saved. As a collateral result, these two indicators reflect the level of Health System Strengthening (according to WHO definition) which includes availability and quality of health services, the capacity of health personal, the administrative management, the availability of funds. In household surveys, such as Demographic and Health Surveys (DHS), Multiple Indicator (MICS) and Reproductive Health Survey (RHS), the respondent is asked about each live birth and who helped during delivery for a period up to five years before the interview. Service/facility records could be used where a high proportion of births occur in health facilities and are therefore recorded.
Measuring unit	Number of births attended by skilled health personnel
Disaggregation dimension (sex, age group, ethnicity or other identity criteria of LNOB)	1. Population group of mothers: One targeted left behind/vulnerable population group (to be prioritised according to the context) 2. Women giving birth in a health institution or not
Data source	Primary source: Routine facility information systems. Secondary source: Household surveys by implementing project partners (for regional or districts specific data). Data for global monitoring are reported by UNICEF and WHO: https://data.unicef.org/topic/maternal-health/delivery-care/
Rationale	Theory of change **If** a baby is delivered with the assistance of a skilled birth attendant **then** the risk of stillbirth or death due to intrapartum–related complication can be reduced by about 20 percent **because** skilled attendants, including traditional birth attendants, can predict and manage serious complications such as hemorrhage or sepsis, which are the leading killers of mothers during and after childbirth.

Possible messages of aggregation and synthesis	The Swiss international cooperation on improved quality and availability of health services has contributed to a diminution of maternal mortality and neonatal mortality respectively to XX and to XX per 1,000 live births.
Thematic responsibility	Focal Point Health