



EVERY WOMAN  
EVERY CHILD

FOR HEALTHY AND EMPOWERED WOMEN,  
CHILDREN AND ADOLESCENTS



# INSTRUCTIONAL GUIDE

for the Annual Progress Reporting Questionnaire  
for Non-State Commitment Makers

APRIL 2020 VERSION

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## Introduction

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- The purpose of this instructional guide is to support non-state commitment makers to complete the online progress reporting questionnaire to the Every Woman Every Child (EWEC) Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), including those made via the Family Planning 2020 (FP2020) platform. This progress questionnaire is completed yearly for each commitment made and focuses on progress and relevant updates against commitments made.

## 2

## General Guidance

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- Commitment progress is tracked per commitment and the platform that was used to make that commitment, either through EWEC or FP2020. Therefore, if a commitment maker made multiple commitments either via the EWEC and/or FP2020, each commitment would need to be reported separately.
- Commitment progress should be reported on **cumulative progress achieved between September 2015 and December 2019**.
- The questionnaire should take approximately 45 minutes. Progress can be saved and returned to later using the save draft button located at the end of the questionnaire.
- Finally, once completed, the primary point of contact will **need to confirm the submission of the questionnaire (Section I) before it is 'submitted' in the system and received by EWEC**.

## 3

## Instructions

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- **The reporting questionnaire is structured so that commitment makers only answer sections and questions that are relevant to their commitment.** Therefore, this section should be used as a reference for a specific section and/or question as it provides brief instructions for all questions in the progress reporting questionnaire.
- In-depth instructions and/or examples are provided for selected questions that are noted in the questionnaire.

## SECTION A: COMMITMENT DETAILS

### QUESTION 1

#### Primary Point of Contact

- This field aims to update or capture information on the primary point of contact for the commitment.
- If available, this section will be prepopulated based on contact information on file. If prepopulated information is incorrect, then it should be updated. If prepopulated information is correct, then the section can be left as is.
- If the section is empty, then the requested information should be entered.

### QUESTION 2

- **This questionnaire covers commitments from September 2015 and ending in December 2019. If the start date of your commitments below (auto populated) is incorrect, please enter the correct date.**

### QUESTION 3

#### Report Type

- The field aims to determine the report type for the commitment.

#### Descriptions of Selected Terminology

- **Annual report** refers to commitments that are ongoing, meaning that the end date falls outside the requested reporting period of December of the annual reporting questionnaire.
- **Final report** refers to commitments with end dates between September 2015 and the last month of the year that the reporting progress is interested in. For example, for 2019 reporting, this would be December 2019.

### QUESTION 4

#### Commitment Type

- The field aims to identify the commitment type.

#### Descriptions of Selected Terminology

- **Financial commitments** refer to commitments with a specific budget that contributes to its execution (e.g., providing x amount of money for healthcare infrastructure in x location).
- **Non-financial commitments** refer to commitments that include in-kind contributions (e.g., donated personnel, services, equipment and/or space).
- **Both (mixture of financial and nonfinancial)** refers to commitments that are a combination of the two.

### QUESTION 5

#### Family Planning Linkage

- This field aims to identify commitments that were made through FP2020.
- If the commitment making process was facilitated by FP2020 then the **[Yes, my commitment was made through FP2020]** option should be selected.
- If you are unsure, please contact FP2020, PMNCH or the EWEC Secretariat for more information.

### QUESTION 6

#### Commitment Alignment

- This field aims to automatically roll over commitments that were made before the September 2015 launch of the EWEC Global Strategy (2016–2030) if they were not previously rolled over. The reason for this is because all commitments should now be aligned to the updated Global Strategy which reflects the goals and targets of the UN Sustainable Development Goals (SDGs).
- Either the **[Yes, my commitment should be considered in support of the EWEC Global Strategy (2016–2030)]** or the **[No, my commitment is not in support of in support of the EWEC Global Strategy (2016–2030)]** should be selected if the commitment was made before September 2015 and a roll over commitment form was not submitted. **It is important to note that if the latter option is selected, results reported from the annual reporting questionnaire will not count towards the results reported to the Updated EWEC Global Strategy (2016–2030) and the commitment will be archived for historical purposes.**

- The **[Not applicable, my commitment is already in support of the EWEC Global Strategy (2016–2030)]** option should be selected if the commitment was made before September 2015 and a roll over commitment form was submitted or if the commitment was made on or after September 2015.

## SECTION B: COMMITMENT PROGRESS SUMMARY NARRATIVE

### General Instructions

- The **summary narrative** entered into this section will be published on the commitment maker's individual commitment page found on the EWEC website and the FP2020 website, if relevant. Before publication, the summary narrative may be edited for clarity and length.

- **The narrative should not exceed 500 words** and should follow the recommended outline with the following five main points:

From either the launch for the Global Strategy (September 2015), or since your commitment's start date if your commitment was made after the kick off date:

- o What progress has been made on commitment activities against the planned timeline?
- o How has your organization's commitment resulted in improving women's, children's and adolescents' health across the focus and service delivery areas (only if relevant) that your organization has operated in or currently operate in.

Since the last progress report or when the commitment was accepted if this is the first progress report:

- o Key achievements and important milestones completed
- o Multisectoral linkages established
- o Best practices identified, and key lessons learned

### Descriptions of Selected Terminology

- **Focus areas** refer to Early Childhood Development; Adolescent Health and Well-being; Sexual and Reproductive Health and Rights; Quality, Equity and Dignity in Services; Empowerment of Women, Girls and Communities; and Humanitarian and Fragile Settings. Note: Exact definitions to these focus areas can be found under question 7 [EWEC Focus Areas] in Section E [Thematic Commitment Progress].
- **Service delivery activities** refer to activities that include education, training and the direct provision of products and services that tangibly reach people.
- **Multisectoral linkages** refer to linkages made with other industries or sectors outside the primary area that your organization operates in.

## SECTION C: FINANCIAL COMMITMENT PROGRESS

### General Instructions

- This section should only be completed if either the **[Financial]** or **[Both (mixture of financial and non-financial)]** options are selected under **Section A, Question 3**.

### QUESTION 1

#### Financial Changes

- This field aims to understand if the overall financial support to the commitment has changed and is prepopulated with the current commitment value if available on file.
- The **[Yes]** option should be selected if the value has changed since the last progress reporting or since the commitment was made if this is the first annual report or the value includes a financial contribution before September 2015, the start date of the Updated EWEC Global Strategy (2016–2030).

- The **[No]** option should be selected if the financial support to the commitment does not contain an amount prior to September 2015 and has not changed since the last annual report or since the commitment was made if this is first annual report.
- If the **[Yes]** option is selected, the updated estimated financial value will need to be entered and the reasons for the change stated in the provided textbox. The updated estimated financial value will be kept confidential **unless the commitment maker chooses the information to be made public by selecting this option in the question.**
- The commitment value should ideally be expressed in whole numbers and USD currency. If the current commitment value prepopulated is not displayed in this manner, the value should be updated to facilitate the data analysis of commitment amounts received.

## QUESTION 2

### Disbursements

- This field aims to understand the amount disbursed/spent-to-date related to the commitment.
- In addition to the amount disbursed/spent-to-date, both the start date and end date corresponding to that amount should be reported.
- If the commitment was made prior to the launch of the Updated EWEC Global Strategy (2016–2030), then the amount disbursed/spent-to-date should use September 1, 2015 as a start date for both the amount and start-date reported.
- If the commitment was made after the launch of the Updated EWEC Global Strategy (2016–2030), the amount disbursed/spent-to-date and start date should correspond to the date for when the commitment was first implemented.
- The end date selected should correspond to the most up-to-date financial information available.
- The commitment value should ideally be expressed in whole numbers and USD currency.

## QUESTION 3

### Disbursement Funding Source

- This field aims to obtain the breakdown of funding sources for the amount disbursed/spent-to-date listed in question 2, Disbursements.
- The total amount entered into this field should equal the total reported in the previous question.
- If there is no financial value to report in a category, then "0" should be entered.
- If a category that is relevant to the commitment is not listed, then the **[Other]** category should be selected. The questionnaire only allows for one **[Other]** category and therefore all other funding sources for the amount disbursement/ spent-to-date, including financial amount, should be listed within this field using a numbering system.

#### Descriptions of Selected Terminology

- **Investments** refer to dividends received and used from investments.
- **Loans** refer to funds that are either lent out or loaned from another entity.
- **Grant awards** refer to funds received from government and non-government entities in a competitive grant call.
- **Philanthropic donations** are funds received from private individuals/foundations.
- **In-kind contributions** refer to donated personnel, services, equipment and/or space.
- **Earned revenue** refers to money earned from providing goods or services.

## SECTION D: NON-FINANCIAL COMMITMENT PROGRESS

### General Instructions

- This section should only be completed if the **[Non-financial]** option is selected under **Section A, Question 3**.

### QUESTION 1

#### Commitment Value Known

- This field aims to inquire if a change has been made to the estimated committed value since the last progress reporting or since the commitment was made if this is the first annual report. It is important to note that this field is only triggered and prepopulated with the available information if EWEC has an estimated value on file.
- The **[Yes]** option should be selected if the non-financial commitment value has changed since the last progress reporting or since the commitment was made if this is the first annual report or the value includes a contribution before September 2015, the start date of the Updated Global Strategy (2016–2030).
- The **[No]** option should be selected if the non-financial support to the commitment does not contain an amount prior to September 2015 and has not changed since the last annual report or since the commitment was made if the first annual report.
- The commitment value should ideally be expressed in whole numbers and USD currency. If the current commitment value prepopulated is not displayed in this manner, the value should be updated to facilitate the data analysis of commitment amounts received.
- If the **[Yes]** option is selected, the updated estimated non-financial commitment value will need to be entered. **The updated non-financial commitment value will be kept confidential unless the commitment maker chooses the information to be made public by selecting this option in the question.**

### QUESTION 2

#### Commitment Value Unknown

- This field aims to inquire if an estimated value for the commitment has been determined and is triggered if EWEC does not has an estimated commitment value on file.
- If the **[Yes]** option is selected, the estimated non-financial value should be entered. **The estimated non-financial value will be kept confidential unless the commitment maker chooses the information to be made public by selecting this option in the question.**

## SECTION E: THEMATIC COMMITMENT PROGRESS

### QUESTION 1 & 2

#### Linkage to Strategy and Objectives, Targets and Indicators

- This field aims to understand how commitment-related activities align to the objectives, targets and indicators of the Updated EWEC Global Strategy (2030).
- All relevant objectives and targets and the top 10 indicators that best describe how commitment-related activities contribute to the Updated EWEC Global Strategy (2016–2030) should be selected. **It is important to note that EWEC will not require commitment makers to report on progress against these objectives, targets or indicators selected. However, commitment makers should have their own monitoring and evaluation plans in place.**
- If a particular objective/s and target/s and/or indicator/s relevant to commitment-related activities is not listed, then the **[Other]** option made for each of these levels, one for objective/s and target/s and one for indicator/s, should be selected at the end of the section. The questionnaire only allows for one **[Other]** data field for each of these levels and therefore if multiple entries should be entered using a numbering system.
- For reference, the indicator definitions of the 60 indicators from the EWEC monitoring framework are included in the **annex section of this instructional guide**.

### QUESTION 3

#### Geographical Coverage

- This field aims to understand all the geographical levels that commitment related activities are engaged in.
- Regional and country levels are based on WHO classifications.

#### QUESTION 4

##### Linkage to National Health Strategies

- This field is triggered if the country and/or sub-country options in the previous question (#2, Geographical Coverage) is/are selected and aims to understand how commitments operating at these levels link to national strategies.
- For all options selected, details on how commitment-related objectives and/or targets were determined should be provided in the textbox.

##### Description of Selected Terminology

- **National health strategy** refers to a country's vision, priorities, budgetary decisions, and course of action for improving and maintaining the health of its people.

#### QUESTION 5

##### EWEC Focus Areas

- This field aims to capture commitment-related activities, results, and if applicable, people reached with service delivery activities across six focus areas. Descriptions of these six focus areas are detailed under [Focus Areas Descriptions] further below.
- The [applicable] option should be selected for all focus areas where commitment-related activities have been implemented under the corresponding time period of the reporting questionnaire. If activities potentially belong across two different focus areas than only one should be selected and all relevant information reported in it.

##### For Each Focus Area Selected:

- The **current status**, either on-going, suspended or newly included, of commitment activities under the action area should be selected. For either the [**suspended**] or [**newly included**] options, the date of when either of these two options occurred should be noted.
- In the textboxes provided, key **activities implemented** and results achieved should be reported. Examples on how these should be worded are detailed under [**Examples on Writing Activities and Results Achieved**] further below.
- All **action areas** that commitment-related activities contribute to under the focus area should be selected. Action areas are the key strategies identified to achieve the goals and objectives of the Updated EWEC Global Strategy (2016- 2030). Descriptions on the eight actions areas are detailed under [**Action Areas Descriptions**] further below.
- The [Yes] option should be selected under **service delivery included** if commitment-related activities include it. Service delivery activities include education, training and the direct provision of products and services that reached people. The [**No**] option should be selected if the commitment-related activities do not include service delivery activities. If the [**No**] option is selected, information for the focus areas in question is complete.

##### If Service Delivery Included is Marked Yes:

- All relevant **target populations** under "Number of people reached by target populations" that have been reached by commitment-related activities should be selected. If a particular population reached with commitment-related activities is not listed, the [**Other or key population**] option should be selected. The questionnaire only allows for one [**Other or key population**] data field and therefore all other populations should be listed within this field using a numbering system.
- For each target population selected, the **number of people reached** within the years requested should be listed. Numbers should be presented as whole numbers only. Enter N/A if a year in question for a particular population is not relevant.
- For each target population selected, the data source used to obtain the number of people reached should be selected. Descriptions for these data sources are listed below. If a particular data source is not listed, the [**Other**] option should be selected and the data source should be listed.

### Focus Areas Descriptions

- **Early Childhood Development** refers to activities that support the cognitive, physical, language, socio-emotional and motor development of children from conception to eight years of age.
- **Adolescent and Young Adult Health and Well-being** refers to activities that support the physical, cognitive, social and emotional development of adolescents between the ages of 10–24.
- **Sexual and Reproductive Health and Rights** refers to activities that focus on creating an enabling environment and/or strengthening services and programs for either sexual health, sexual rights, reproductive health or reproductive rights.
- **Quality, Equity and Dignity in Services** refers to activities that focus on ensuring better quality of health services that are more equitably available and provided in a way that safeguards the dignity of those who receive them.
- **Empowerment of Women, Girls and Communities** refers to activities that focus on improving gender norms and reducing discriminatory values, practices and laws for the enjoyment of health rights by women, children and adolescents.
- **Humanitarian and Fragile Settings** refers to activities that focus on improving the health, well-being, and rights of women, children and adolescents in humanitarian or fragile settings.

### Examples on Writing Activities and Results Achieved

Example # 1: Under Adolescent and Young People Health and Well-being Focus Area

- **Activity:** Using an interactive life skills-based approach, Sexual and reproductive health and rights (SRHR) education was provided to adolescent girls and boys in youth clubs.
- **Result:** SRHR education was provided to a total of 1,224 adolescent girls and boys between the ages 14–19 across 43 youth clubs operating in the Molepolole, Maseru, and Leribe districts of Lesotho from the start of the commitment in March 2016 until the end of the reporting period.
- **Note:** This is an example in which the service delivery option should be selected as people are reached with an education component.

Example #2: Under Humanitarian and Fragile Settings Focus Area

- **Activity:** In a multi-partner collaboration, developed a SRHR risk assessment module focused on addressing the immediate SRHR needs of newly arrived asylum seekers and migrants entering the EU.
- **Result:** In collaboration with five key partners, draft module developed and is currently being piloted for use across three sites in Greece and Italy for further refinement and validation for use. Goal is to fully roll out by the end of quarter three of 2018.

### Action Area Descriptions

- **Country Leadership** refers to activities that reinforce leadership and management links and capacities at all levels; promote collective action.
- **Financing for Health** refers to activities that mobilize resources; ensure value for money; adopt integrative and innovative approaches.
- **Community Engagement** refers to activities that promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.
- **Individual Potential** refers to activities that invest in individuals' development; support people as agents of change; address barriers with legal frameworks.

- **Health System Resilience** refers to activities that provide good quality care in all settings; prepare for emergencies; ensure universal health coverage.
- **Research and Innovation** refers to activities that invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.
- **Multisectoral Action** refers to activities that adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.
- **Accountability** refers to activities that harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

#### Descriptions of Data Source for Estimated Number Reached

- **Routine-National health information system (MoH)** refers to data collected at regular intervals at public, private, and community-level health facilities and institutions. Data reported may not necessarily be reflected as a result of commitment-related activities.
- **Routine-Project/Program specific information system (non-govt)** refers to data collected at regular intervals by an organization that then uses the data for their own monitoring needs.
- **Non-routine- National or sub-national survey (e.g. MICS, DHS)** refers to national or sub-national surveys implemented by either a government or UN entity. Data collected can be either quantitative (using either probabilistic or non-probabilistic methods) or qualitative.
- **Non-routine-Project/Program specific survey** refers to any survey implemented by an organization that then uses the data for their own monitoring needs.

## SECTION F: COMMITMENT PROJECTIONS FOR 2020

### QUESTION 1 AND 2

#### Linkage to National Health Strategies

Please indicate the **projected or anticipated** changes (if any) to your organization's EWEC or FP2020 financial and non-financial (in-kind) commitment for the year 2020 by choosing one of the multiple choices in questions 1 and 2.

In the text boxes (maximum 200 words) explain the reason for your multiple choice answer. If you do not know the projected changes, you could also explain why you do not have the answer. **Please also indicate if and how the projected change (or no change) was influenced by COVID-19.**

**If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents. This could include describing estimated decrease/increase value amount of in financial commitment, or decrease/increase in non-financial commitments (i.e., services, educational opportunities, media/advocacy etc), and explaining how this might impact women, children and adolescents.**

## SECTION G: PROCESS RELATED COMMITMENT PROGRESS AND COMPLETION

### QUESTION 1 Challenges

- This field aims to identify challenges faced during implementation that resulted in delays or in unsuccessful implementation.
- The **[Yes]** option should be checked if challenges faced either delayed the implementation of the commitment (as compared to the set timeline) or resulted in an unsuccessful implementation (milestones/objectives not reached or fully reached).
- If the **[Yes]** option is selected describe the specific internal and/or external challenging factors that resulted in a delay or in an unsuccessful implementation.

### Description of Selected Terminology

- **Successful implementation** refers to the completion of established milestones and objectives against a set timeline.
- **Challenges** refer to either internal (e.g. insufficient staffing or funding) or external (e.g. collaborating with other partners or dealing with in-country bottlenecks) barriers faced by the commitment maker.

### QUESTION 2

#### Success Factors

- This field aims to identify factors that contributed to the successful completion of a commitment.
- Each relevant factor should be mentioned in the textbox provided. Factors highlighted may be internal (e.g. in-house expertise, available funding) or external (e.g. strong partnerships/collaborations).

### Description of Selected Terminology

- **Successful completion of the commitment** refers to the completion of established milestones and objectives against an established timeline.

### QUESTION 3

#### Renew Commitments

- This field aims to identify commitment makers that wish to renew or create a new commitment once the established timeframe for their current commitment has ended.
- If either the **[Yes-renew]** and **[Yes-new]** options are selected, this will notify EWEC to contact the commitment maker to begin the corresponding process selected.
- If the **[No]** option is selected, EWEC will not contact the commitment maker for further action.

## SECTION H: PHOTOS AND VIDEO

#### General Instructions

- This field aims to capture photos, videos, any supporting reports, and supplementary materials that showcase commitments in action.
- **Only materials that the commitment maker wishes to make public should be shared as these will be highlighted on individual commitment pages on the EWEC website, in relevant publications and/or on various social media platforms.**
- Photos, videos and supplementary material may be share either by uploading the document or sharing the appropriate link.
- For each item shared, acknowledgement information (name of the individual/s or organization/s) should be provided in the textbox.

## SECTION I: EWEC'S VALUE

### QUESTION 1

#### EWEC Platform Value

- This field aims to understand the areas in which the EWEC Platform has provided value.
- All areas in which the EWEC Platform has provided value should be selected.
- If the EWEC platform has provided value, but the area is not listed, the **[Other]** option should be selected and the area in which value was provided should be listed.
- If the EWEC platform has not provide any value, the **[The EWEC platform has not provided additional value]** option should be selected and the areas in which the EWEC could have provided value should be listed.

### Description of Selected Terminology

- **The EWEC platform** refers to the network of multi-stakeholders that aim to mobilize and intensify international and national action to address the major health challenges facing women, children and adolescents around the world by advancing the EWEC Global Strategy.

### QUESTION 2

#### EWEC Secretariat Value

- This field aims to understand how commitment makers view interactions had with the EWEC Secretariat in the calendar year of question.
- If an interaction was had in the calendar year in question, the overall interaction, whether one or several, should be rated.
- In the textbox provided, any helpful or unhelpful interactions should be detailed.

## SECTION J: QUESTIONNAIRE CONFIRMATION

#### General Instructions

- This section is for the submission of the questionnaire.
- **The primary point of contact will need to confirm that they have reviewed and consented to the information stated in the questionnaire before submitting the questionnaire by clicking on the [Submit] button.**
- Please note that the questionnaire form can only be submitted once the consent has been confirmed.

## 4

## Annex

Indicator definition for the 60 indicators of the Every Women Every Child Monitoring Framework Reference Link: <http://apps.who.int/gho/data/node.gswcah>

### SURVIVE (END PREVENTABLE DEATHS)

#### Target #1: Reduce global maternal mortality to less than 70 per 100,000 live births

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
1. <b>Maternal mortality ratio</b>	Number of maternal deaths	Number of live births	Age, place of residence
2. <b>Skilled attendance at birth</b>	Number of live births attended by skilled health personnel (nurse, midwife, doctor)	Number of live births	Age, place, type of provider, socioeconomic status
3. <b>Antenatal care 4+ visits</b>	Number of women aged 15–49 years that received antenatal care four or more times	Number of live births	Age, place of residence, type of provider, socioeconomic status

<b>4. Postpartum care coverage</b>	Number of mothers who receive postpartum care within two days of childbirth	Number of live births	Place of residence, education level, and socioeconomic status
<b>Target #2: Reduce newborn mortality to at least as low as 12 per 1000 live births in every country</b>			
INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>5. Neonatal mortality</b>	Number of children who died during the first 28 days of life	Number of live births	Age in days/weeks, birth weight, place of residence, sex, socioeconomic status
<b>6. Stillbirth rate</b>	Number of fetuses and infants born each year with no sign of life and born after 28 weeks gestation, or weighing $\leq$ 1000g	Total births	Age in days/weeks, birth weight, place of residence, sex, socioeconomic status
<b>7. Early breastfeeding initiation</b>	Number of newborns breastfed within 1 hour of birth	Number of live births	Place of residence, sex, socioeconomic status
<b>8. Postnatal care coverage</b>	Number of newborns who received a health check within two days after delivery	Number of live births	Place of residence, education level, and socioeconomic status
<b>9. Antenatal care syphilis screening</b>	Number of women tested for syphilis at the first antenatal visit	Number of women attending first antenatal care visit	Age, place of residence, socioeconomic status, type of facility
<b>Target # 3: Reduce under 5 mortality to at least as low as 25 per 1000 live births in every country</b>			
INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>10. Under-5 mortality</b>	Number of deaths among children aged 0 to 59 months	Number of live births	Age, sex
<b>11. Oral rehydration salts treatment</b>	Number of children aged 0–59 months with diarrhea in the two weeks preceding the survey given fluid from ORS packets or pre-package ORS fluids	Number of children aged 0–59 months with diarrhea in the two weeks preceding the survey	Place of residence, sex, socioeconomic status

<b>12. Pneumonia care seeking</b>	Number of children aged 0–59 months with suspected pneumonia in the two weeks preceding the survey taken to an appropriate health provider	Number of children aged 0–59 months with suspected pneumonia in the two weeks preceding the survey	Place of residence, provider, sex, socioeconomic status
<b>13. Exclusive breastfeeding</b>	Number of infants aged 0–5 months of who are exclusively breastfed	Total number of infants aged 0–5 months surveyed	Place of residence, sex, socio-economic status
<b>14. Full immunization coverage</b>	The number of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine	The number of one-year-olds	Age, place of residence, sex, socio-economic status
<b>15. Under-5 ITN coverage</b>	Number of children aged 0–59 months in malaria endemic areas who slept under an ITN the previous night, ITN defined as a mosquito net that has been treated within 12 months or is a long-lasting insecticidal net (LLIN)	Total number of children aged 0–59 months in malaria endemic areas surveyed	Age, place of residence, socio-economic status

#### Target # 4: End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable disease

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>16. HIV incidence</b>	Number of new HIV infections	Uninfected population (total population minus PLHIV)	General population, key populations, Age, mode of transmission for children, geographic location, sex
<b>17. Malaria Incidence</b>	Number of confirmed malaria cases	Population at risk (number of people living in areas where malaria transmission occurs)	Age, sex, place of residence
<b>18. Antiretroviral therapy coverage</b>	Number of adults and children who are currently receiving ART in accordance with the nationally approved treatment protocols	Estimated number of adults and children living with HIV	Age, sex, product type

<b>19. Insecticide-treated net coverage among children</b>	Number of households with at least one ITN for every 2 people and/or sprayed by IRS within the last 12 months	Total number of households in malaria endemic areas surveyed	Place of residence
<b>Target #5 Reduce by 1/3 premature mortality from noncommunicable diseases and promote mental health and well-being</b>			
INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>20. Tobacco use</b>	Number of current tobacco users aged 15+ years	All respondents of the survey aged 15+ years	Sex
<b>21. Noncommunicable disease mortality (ages 30–70)</b>	Total deaths from NCDs (cardiovascular disease, cancer, diabetes, or chronic respiratory diseases) between 30–70	Total population aged 30–70	Sex, place of residence, socioeconomic status
<b>22. Suicide mortality rate</b>	Number of suicides in a year	Total population	Age, sex
<b>23. Cervical cancer screening</b>	Countries who have a yes for this indicator answered yes to the question: "Please indicate if there is a national screening program targeting the general population for the following cancers: cervix"	Number of countries surveyed	N/A
<b>24. Adolescent mortality rate</b>	Number of deaths among adolescents aged 10–19 by age and sex	Number of adolescents aged 10–19	Sex
<b>THRIVE (PROMOTE HEALTH AND WELL-BEING)</b>			
<b>Target #6 End all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and children</b>			
INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>25. Child stunting</b>	Number of children aged 0–5 years who are stunted Stunted refers to a weight-for-age less than -2 SDs from the WHO Child Growth Standards median	Number of children aged 0–59 months who were measured	Age, place of residence, sex

<b>26. Malnutrition</b>	Number of children aged 0–5 years who are malnourished  Malnourish refers to a weight-for-height +/- 2 standard deviations of the WHO Child Growth Standards median	Number of children aged 0–59 who were measured	Age, place of residence, sex
<b>27. Adolescent insufficient physical activity</b>	Number of school going adolescents aged 11–17 with insufficient physical activity (less than 60 minutes of moderate to vigorous intensity activity daily)	All school going adolescents aged 11–17 surveyed	Sex
<b>28. Anaemia prevalence</b>	Number of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking	Total number of women aged 15–49 years with haemoglobin levels assessed during a specified period or in a survey	N/A
<b>29. Children minimum acceptable diet</b>	Children (breastfeeding and non-breastfed) aged 6–23 months of age who received foods from ≥ 4 (out of 7) food groups during the previous day	Children aged 6–23 months of age surveyed	Sex, place of residence, socioeconomic status

### Target #7-Ensure universal access to sexual and reproductive health-care services (including family planning) and rights

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>30. Family planning need satisfied</b>	Number of women aged 15–49 years who are sexually active and who have their family planning satisfied with modern methods	Total number of women in need of family planning	Age, marital status, place of residence, socioeconomic status
<b>31. Adolescent birthrate</b>	Number of live births to women aged 15–19	Total number of women aged 15–19	N/A

INDICATOR	METHOD OF MEASUREMENT/NOTES
<b>32. Informed decisions by women</b>	The indicator 'Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care [SDG 5.6.1]' is currently under development. UNFPA is the institution leading this work. For further information please consult: <a href="https://gsa.github.io/sdg-indicators/5-6-1/">https://gsa.github.io/sdg-indicators/5-6-1/</a> .

**33. Country laws-sexual and reproductive health (SRH) access**

The method for measuring the indicator 'Number of countries with laws and regulations that guarantee women aged 15–49 access to sexual and reproductive health care, information and education [SDG 5.6.2] is currently under development. UNFPA is the institution leading this work.

**34. SRH knowledge (ages 15–24)**

The indicator 'Proportion of men and women aged 15–24 with basic knowledge about sexual and reproductive health services and rights' is currently under development. The Guttmacher Institute and UNFPA are the institutions leading this work.

**Target #8 Ensure that all girls and boys have access to good-quality early childhood development**

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
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**35. Children developmentally on track**

Number of children aged 36–59 months who are developmentally on-track in at least three of the following four domains: literacy-numeracy, physical, socio-emotional and learning

Number of children aged 36–59 months surveyed

N/A

**36. Organized learning**

Number of children in the given age range (one year prior to official primary entry age) who participate in one or more organized learning programme, including programmes which offer a combination of education and care.

Total number of women aged 15–19

N/A

**Target #8 Ensure that all girls and boys have access to good-quality early childhood development**

INDICATOR	METHOD OF MEASUREMENT/NOTES
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**37. Pollution-related mortality and illness**

The mortality attributable to the joint effects of household and ambient air pollution can be expressed as: Death rates are calculated by dividing the number of deaths by the total population (or indicated if a different population group is used, e.g. children under 5 years). Evidence from epidemiological studies have shown that exposure to air pollution is linked, among others, to the important diseases taken into account in this estimate: Acute respiratory infections in young children (estimated under 5 years of age); Cerebrovascular diseases in adults (estimated above 25 years); Ischaemic heart diseases in adults (estimated above 25 years); Chronic obstructive pulmonary disease in adults (estimated above 25 years); and Lung cancer in adults (estimated above 25 years).

**38. Clean fuels and technology**

The indicator is calculated as the number of people using clean fuels and technologies divided by total population, expressed as percentage. Household energy use data are routinely collected at the national and sub national levels in most countries using censuses and surveys. Household surveys used include: United States Agency for International Development (USAID)-supported Demographic and Health Surveys (DHS); United Nations Children's Fund (UNICEF)-supported Multiple Indicator Cluster Surveys (MICS); WHO-supported World Health Surveys (WHS); and other reliable and nationally representative country surveys.

**Target #10 Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines**

**INDICATOR**

**METHOD OF MEASUREMENT/NOTES**

**39. Essential services, tracer health interventions**

The indicator 'Coverage of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access) [SDG 3.8.1]' is currently under development.

In the meantime, please refer to the Universal Health Coverage data portal at <http://apps.who.int/gho/cabinet/uhc.jsp>.

**40. Current country health and RMNCAH expenditure per capita**

The indicator 'Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources' is currently under development.

**41. Financial Protection**

The indicator 'Proportion of population with large household expenditures on health as a share of total household expenditure or income. [SDG 3.8.2]' is currently under development.

In the meantime, please refer to the Universal Health Coverage data portal at <http://apps.who.int/gho/cabinet/uhc.jsp>.

**INDICATOR**

**NUMERATOR**

**DENOMINATOR**

**DISAGGREGATION**

**42. Out-of-pocket expenditure**

The expenditure on health by households as direct payments to health care providers

Total expenditure health

N/A

**TRANSFORM (EXPAND ENABLING ENVIRONMENTS)**

**Target #11 Eradicate extreme poverty**

**INDICATOR**

**NUMERATOR**

**DENOMINATOR**

**DISAGGREGATION**

**43. Poverty**

Number of people below the international poverty line.

Total number of people

N/A

The international poverty line' is currently set at \$1.90 a day at 2011 international prices.

## Target #12 Ensure that all girls and boys complete free, equitable, and good quality secondary education

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>44. Reading and math proficiency</b>	<p>Number of children and young people in Grade 2 or 3 of primary education, at the end of primary education and the end of lower secondary education achieving at least a minimum proficiency level in (a) reading and (b) mathematics</p> <p>The minimum proficiency level will be measured relative to new common reading and mathematics scales currently in development</p>	Total number of children and young people in Grade 2 or 3 of primary education, at the end of primary education and the end of lower secondary education	Age, sex, place of residence, socioeconomic status

## Target # 13 Eliminate all harmful practices and all discrimination and violence against women and girls

INDICATOR	NUMERATOR	DENOMINATOR	DISAGGREGATION
<b>45. Partner violence</b>	Number ever-partnered women who have ever experienced physical and/or sexual violence by an intimate partner	Total number of ever-partnered women in a given population	Age
<b>46. Early marriage</b>	Number of women aged 20–24 years who were married or in a union before age 15 and before age 18	Total number of women aged 20–24 years who were married or in a union surveyed	Age
<b>47. Female genital mutilation/cutting</b>	Number of girls aged 15–19 years who have undergone female genital mutilation/cutting	Total number of girls aged 15–19 years of age surveyed	N/A
<b>48. Sexual violence against women and men</b>	Number of young women and men aged 18–29 years who experienced sexual violence by age 18	Total number of young women and men aged 18–29 years surveyed	Sex, age, place of residence, education level and marital status

**49. Laws against discrimination**

The indicator 'Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex [SDG 5.1.1]' is currently under development.

**50. HIV post-exposure prophylaxis-rape survivors**

Data on the indicator 'Proportion of rape survivors who received HIV post-exposure prophylaxis (PEP) within 72 hours of an incident occurring' is currently unavailable.

For further information please contact the WHO HIV/AIDS Department at: hiv-aids@who.int.

**Target # 14 Achieve universal and equitable access to safe and affordable drinking water and to adequate sanitation and hygiene**

**INDICATOR**

**NUMERATOR**

**DENOMINATOR**

**DISAGGREGATION**

**51. Safe drinking water**

Number of people using an improved drinking water source

An improved drinking water source, by nature of its construction and design, is likely to protect the source from outside contamination, in particular from faecal matter. Improved drinking water sources include: – Piped water into dwelling, plot or yard – Public tap/stand pipe – Tube well/borehole – Protected dug well – Protected spring and – Rainwater collection

Total number of people censused or surveyed

Place of residence

**52. Sanitation**

Number of people using an improved sanitation facility

An improved sanitation facility is one that likely hygienically separates human excreta from human contact. Improved sanitation facilities include: - Flush or pour-flush to piped sewer system, septic tank or pit latrine, - Ventilated improved pit latrine, - Pit latrine with slab and - Composting toilet However, sanitation facilities are not considered improved when shared with other households, or open to public use

Total number of people censused or surveyed

Place of residence

## Target # 15 Enhance scientific research, upgrade technological capabilities and encourage innovation

### INDICATOR

### MEASUREMENT METHOD/NOTES

#### 53. Research and development expenditure

The gross domestic expenditure on R&D in the health and medical sciences (health GERD) are collected from the United Nations Educational, Scientific and Cultural Organization (UNESCO). The gross domestic product (GDP) data are collected from the WHO Global Health Expenditure Database. Data on this indicator are reported using the most recent available data since 2010 by country (note: not all countries have reported data); Additional information and analysis on this indicator can be found in the Global Observatory on Health R&D at: [http://www.who.int/research-observatory/indicators/gerd\\_gdp/en/](http://www.who.int/research-observatory/indicators/gerd_gdp/en/). More work is needed to disaggregate domestic R&D expenditure focusing specifically on reproductive, maternal, newborn, child and adolescent health.

Metadata for SDG indicator 9.5.1 (Research and development expenditure as a proportion of GDP) are available from the UN Statistics Division SDG Metadata Repository at <https://unstats.un.org/sdgs/metadata/files/Metadata-09-05-01.pdf>.

## Target #16 Provide legal identity for all, including birth registration

### INDICATOR

### NUMERATOR

### DENOMINATOR

### DISAGGREGATION

#### 54. Birth (death) registration

Numerator of children under 5 years of age whose birth was registered with a civil authority

Data can come from civil registration authority or from survey data

Total number of children registered.

Age

#### 55. Census

Number of countries that have conducted at least one population and housing census in the last 10 years.

Total number of countries surveyed.

N/A

## Target #17 Enhance the global partnership for sustainable development

### INDICATOR

### MEASUREMENT METHOD/NOTES

#### 56. Effective monitoring frameworks

The indicator 'Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs [SDG 17.16.1] is currently under development.

#### 57. Governance index

For further information, please visit the following site: <http://info.worldbank.org/governance/wgi/#reports>

## Target #18 Additional equity, humanitarian and human rights cross-cutting indicators

INDICATOR	MEASUREMENT METHOD/NOTES
<b>58. Data disaggregation</b>	For further information, please visit the following site: <a href="http://www.who.int/gho/health_equity/en/">http://www.who.int/gho/health_equity/en/</a>
<b>59. Treaties for women's, children's and adolescent's rights</b>	For further information, please visit the following site: <a href="http://indicators.ohchr.org/">http://indicators.ohchr.org/</a>
<b>60. Humanitarian Responses Index</b>	For further information, please visit the following site: <a href="http://www.inform-index.org/">http://www.inform-index.org/</a>