Global Europe Results Framework Indicator Methodology Note

1. Indicator name

GERF 2.35: Number of 1-year olds fully immunised with EU support

2. Technical details

Please use the information provided in OPSYS or the SWD.

Results Dashboard code(s): *65251.*

Unit of measure: *Number of (#).*

Type of indicator: *Quantitative (not Qualitative) – Numeric (not Percentage); Actual ex-post (not estimated or ex-ante); Cumulative (not annual); Direct (not indirect).*

Level of measurement: *Specific Objective – Outcome; Direct Output; Output.*

Disaggregations: Sex (*Female; Male; Intersex*); Gender (Woman/girl; Man/boy; Non-binary; Rural/urban (*Rural; Urban; Other - i.e. peri-urban, isolated*).

DAC sector codes: *12220 – Basic health care; 12230 – Basic health infrastructure; 12240 – Basic nutrition.*

Main associated SDG: *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.*

Other associated SDGs: *1.2 multidimensional poverty; 1.3 social protection; 1.5 resilience to shocks and disasters; 3.3 communicable diseases; 3.8 universal health coverage; 4.1 primary and secondary education; 4.2 pre-primary education.*

Associated GERF Level 1 indicator: *1.27 Universal Health Coverage (UHC) index (SDG 3.8.1).*

Associated GERF Level 3 indicators:

3.10 Amount and share of EU-funded external assistance directed towards supporting social inclusion and human development

3.13 Number and share of EU- external interventions promoting gender equality and women's empowerment

3.14 Number and share of EU-funded external interventions promoting disability inclusion

3.16 Amount and share of EU-funded external assistance qualifying as ODA

3. Policy context and Rationale

Immunization is an essential component for reducing under-five mortality. It is one of the most cost-effective interventions to reduce under-five mortality.

Vaccination coverage estimates are used to monitor coverage of vaccination services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance on the grounds that full immunization with DPT/pentavalent

requires at least 3 visits to a health care facility. As such, vaccine coverage can also be considered a measure of utilization of preventive health services.

In line with the New Consensus for Development, the indicator is relevant to monitor progress on increasing protection against global health threats, prevent and combat communicable diseases, secure access to affordable essential medicines and vaccines for all. The EU aid provided in support of increasing vaccination coverage is delivered via multilaterals – especially GAVI Vaccine Alliance - and through bilateral health sector support.

4. Logframe inclusion

If an intervention generates the result measured by this indicator, then it must be reported in OPSYS. Corporate targets have been set for the indicators used to monitor the Strategic Plan and the Multiannual Financial Framework (see Section 9). Progress towards these targets is reported annually in the Annual Activity Plan (for the Strategic Plan) and the Programme Performance Statements (for the Multiannual Financial Framework). These values are calculated by aggregating the results reported in OPSYS. These reports ultimately contribute to the Annual Management Performance Report submitted by the European Commission to the Council and Parliament during the annual budgetary discharge procedure. If targets are not met, explanations must be provided. Therefore, it is crucial that all results are recorded in OPSYS.

There are two ways of doing this:

1. Include the indicator directly in the logframe (recommended approach);
2. Match the indicator to the closest logframe indicator (only if the indicator was not originally included in the logframe and modification is not possible).

Why? The matching functionality in OPSYS only accommodates reporting current values and does not yet support encoding baselines and targets. This is a significant drawback because targets are a valuable piece of information, especially at the beginning of a Multiannual Financial Framework. Indeed, results take time to materialise as they are the last step in the chain, appearing only after programming, commitments, contracting, and spending have occurred. Targets allow to see what results are expected long before they materialise, which is reassuring to the different stakeholders concerned with accountability. **Therefore, include all corporate indicators directly in the logframe whenever possible, and reserve the matching functionality only for cases when this is not feasible**.

5. Values to report

The following values must be determined in line with the definitions provided in Section 6.

Baseline value: the value measured for the indicator in the baseline year. The baseline value is the value against which progress will be assessed.

Current value:

- **For logframe indicators**: the most recent value for the indicator at the time of reporting. The current value includes the baseline value which is reported

separately for logframe indicators in OPSYS.

- **For matched indicators**: the most recent value for the results achieved at the time of reporting since the start of implementation of the intervention. This value is obtained by taking the most recent value for the indicator at the time of reporting and subtracting off the baseline value which is not reported separately for matched indicators in OPSYS.

Current values will be collected at least once a year and reported cumulatively throughout the implementation period.

Final target value: the expected value for the indicator in the target year.

Intermediate target values (milestones). A tool has been developed in OPSYS to generate intermediate targets automatically[1].

- **For outputs**: the intermediate targets are generated using a linear interpolation between the baseline and target values because it is assumed that outputs materialise sooner and more progressively over implementation (than outcomes).
- **For outcomes**: the expected progression over the course of implementation will vary across interventions. During the creation of a logframe, the expected outcome profile must be selected (OPSYS offers four options[2]) and this selection triggers the generation of intermediate targets for all 30 June and 31 December dates between the baseline and target dates for all output and outcome quantitative indicators. All automatically generated intermediate targets values and dates can be subsequently modified by the Operational Manager or the Implementing Partner with the approval of the Operational Manager.

6. Calculation of values

Specify all assumptions made, list definitions for all technical terms, provide any relevant guidance on (double) counting, and include checklist for quality control.

The value for this indicator is calculated by counting the number of 1-year olds fully immunised with EU support, using the technical definitions and counting guidance

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[1] This has been done in the context of the Primary Intervention Questionnaire (PIQ) for the EAMR. Three new KPIs provide an overall assessment of ongoing interventions (current performance and future performance) and completed interventions (final performance). Scores will be calculated for all INTPA and NEAR interventions participating in the annual results data collection exercise.

- *KPI 10* reflects the relevance, efficiency and effectiveness of ongoing interventions. The information on relevance is provided by the Operational Manager's response to a question in a survey. The information on efficiency and effectiveness is provided either by the logframe data, if sufficient data is available, or the response to a question in a survey, if not.
- *KPI 11* reflects expectations regarding the most probable levels of relevance, efficiency, effectiveness and sustainability that can be achieved by ongoing interventions in the future. In this case, all the information is provided by the Operational Manager's responses to questions in a survey.
- *KPI 12* reflects the relevance, efficiency and effectiveness of completed interventions. The information on relevance is provided by the Operational Manager's response to a question in a survey. The information on efficiency and effectiveness is provided by the logframe data if sufficient data is available, or the response to a question in a survey, if not.

[2] a. *steady progress*: The outcomes are achieved continuously throughout implementation; b. *accelerating progress*: The outcomes are achieved towards the end of implementation; c. *no progress until end*: The outcomes are mostly achieved at the end of implementation; d. *none of the above*.

provided below. Please double check your calculations using the quality control checklist below.

Technical definitions

Fully immunised means having received three doses of DTP (diphtheria, tetanus, pertussis/whooping cough) or three doses of pentavalent vaccine (=DTP + Hepatitis B and Haemophilus influenza type b).

Counting guidance

1. The third dose of DTP often takes place after 1 year old, so the standard measurement of coverage of DPT3 vaccination is for children older than 1 year old. For example, the WHO considers children 12-59 months old: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4432. Therefore, even though the indicator's name explicitly refers to 1-year olds, children up to 5-years old may be counted.

2. The Gender Action Plan III (GAP III) requires the reporting of gender-diasaggregated values if possible and sex-disaggregated values if not. Use intervention data to provide the disaggregation.

3. There is a risk of over reporting results relating to the EU contribution to GAVI, the Vaccine Alliance. Historically, the contribution approach to results reporting has been favoured over the more elusive attribution approach. Conceptually, the partnership model combined with EU additionality justified such an approach and practically, it did not seem to make much of a difference. However, in the case of EU contributions to global initiatives, the results reported using a contribution approach are much larger than the results that would be reported using any type of attribution approach. Consequently, results must be scaled to maintain data integrity. The share of the EU contribution in the total budget will be used as the scaling factor because this information is both available and sufficiently meaningful. To ensure coherence, this scaling will be applied to all results generated by interventions for which the EU contribution is less than 50% of the total budget (except for blending and guarantee operations and budget support). Nothing changes for the results to be encoded in OPSYS by the Implementing Partner and approved by the Operational Manager; the total results must continue to be encoded for all interventions. The scaling will be implemented by Quality Managers for the purpose of corporate reporting.

4. There is a risk of double counting between values reported by interventions managed by EU Delegations and those reported by centrally managed support to global initiatives (e.g. GAVI, the Vaccine Alliance). Quality Managers will implement any corrections needed for this type of double counting.

5. However, there are exceptions to the double-counting rule: people counted under GERF 2.35 can also be counted under the following GERF indicators if the relevant conditions are met:
   - GERF 2.20 *Number of migrants, refugees, and internally displaced people or individuals from host communities protected or assisted with EU support;*
   - GERF 2.39 *Number of people directly benefiting from EU supported interventions that aim to reduce social and economic inequality*

Quality control checklist

1. Has the indicator been included directly in the logframe? Reserve the OPSYS matching functionality only for cases when this is not feasible.
2. If the indicator has been included directly in the logframe, does the current value *include* the baseline value? If the indicator has been matched to a logframe indicator, does the current value *exclude* the baseline value?
3. Does the GERF value include children up to five years old? Despite the indicator's name, not only 1-year olds are counted.
4. Is the GERF value a whole number? The number of children cannot be a decimal number.
5. Have gender (or sex) disaggregated values been reported? Gender (or sex) disaggregation is mandatory.
6. Does the intervention focus on migration? If so, this result should also be reported under GERF 2.20 *Number of migrants, refugees, and internally displaced people or individuals from host communities protected or assisted with EU support*, if all conditions are verified. Double counting with GERF 2.20 is allowed.
7. Does the intervention focus on inequalities? If so, this result should also be reported under GERF 2.39 *Number of people directly benefiting from EU supported interventions that aim to reduce social and economic inequality*, if all conditions are verified. Double counting with GERF 2.39 is allowed.
8. Has any other double counting been avoided? Children should be counted only once, except for the cases mentioned above.
9. Have all calculations been recorded in the calculation method field? Has all relevant information, including the geographic location of results, been reported in the comment field?

7. Examples of calculations

GAVI is the main funding stream for vaccinations in Afghanistan

The 2016 GAVI Annual Progress Report reveals that 65% of the 1,082,647 infants surviving up to 1 year received DPT3 in 2016 (http://www.gavi.org/progress-report/). The number of 1-year olds immunised with EU support reported for this example would be 703,720 (= 1,082,647 x 65%).

8. Data sources and issues

Please use the data source categories specified in OPSYS.

International organisation data portals and reports: *WHO Expanded Programme on Immunization (EPI) 30-cluster survey; UNICEF Multiple Indicator Cluster Survey (MICS); GAVI Annual Progress Report https://www.gavi.org/programmes-impact/our-impact/progress-reports.*

Public sector reports: *Demographic and Health Surveys (DHS), https://www.dhsprogram.com/; Fertility and Family Surveys (FFS); Health Information System (HIS); Health Facility reporting systems: Reports of vaccinations performed by service providers; National statistical report.*

Include any issues relating to the availability and quality of the data.

9. Reporting process & Corporate reporting

The data collected on this indicator will be reported in OPSYS by the Implementing Partner. The values encoded in OPSYS will be verified, possibly modified and ultimately validated by the Operational Manager. Once a year the results reported will be frozen for corporate reporting. The methodological services in HQ that are responsible for GERF corporate reporting will perform quality control on the frozen data and aggregate as needed to meet the different corporate reporting requirements.

This indicator is used for corporate reporting in the following contexts:

- *NDICI via the Annual Report*
- *NDICI via the Programme Statements*
- *INTPA Strategic Plan via the Annual Activity Report*
- *NEAR Strategic Plan via the Annual Activity Report*
- *FPI Strategic Plan*

This indicator has been included in the following other Results Measurement Frameworks:

- *EFSD+*
- *GAP III*
- *IPA III*
- *TEI-MORE*

10. Other uses

GERF 2.35 can be found in the following thematic results chains:

- [Resilience, Conflict sensitivity and Peace](#)

GERF 2.35 can be found in the following groups of EU predefined indicators available in OPSYS, along with other related indicators:

- Health

For more information, see: [Predefined indicators for design and monitoring of EU-funded interventions | Capacity4dev (europa.eu)](#)

External bodies using the same or similar indicator:

- GAVI currently uses the proportion of boys and girls who received the last recommended dose of a GAVI-supported vaccine delivered through routine systems (determined on a country by country basis).
- The WHO global reference list of 100 core health indicators includes DPT 3 or pentavalent 3 vaccination coverage by age 1 year but also covers other vaccines.
- The "child immunisation" indicator is part of the composite SDG indicator Universal Health Coverage index (SDG 3.8.1).

11. Other issues

This indicator measures EU contribution to infant vaccinations through multi-lateral and bilateral aid. It is not possible to measure attribution. GAVI mainly funds the vaccines

and not health system costs of delivering the vaccines which are usually borne by the national budget. EU bilateral aid may contribute to the (vaccination) systems strengthening and to the costs of delivering the vaccines.