

STANDARD SECTOR INDICATOR CODE: HE-079	Educated on Essential Maternal Care Services: Number of target population reached with individual or small group education on essential maternal care services.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Maternal, Neonatal, and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care	
Type: Output	Unit of Measure: Individuals	Disaggregation: Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

To be counted for this indicator the following criteria must be met:

- Must have received training on essential maternal care services and/or participated in a group that was facilitated by a PCV or their partner.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- The individual must have been provided with information on all topics specified in the definition of essential maternal care services (see below)

Definitions:

Essential maternal care services: are defined as a list of basic services that should be offered to all pregnant women and include provision of antenatal care services that include basic examinations, a birth plan with provision for emergency obstetric care and giving birth with a birth attendant, plan for exclusively breastfeeding and access to modern contraceptives. As part of these basic services, women should also be given information on the signs and symptoms of danger signs during pregnancy, as well as signs and symptoms of the onset of labor.

To be reported under this indicator:

- 1) At a minimum, PCVs should touch on the topics listed under the definition of essential maternal care services.
- 2) Additional topics beyond the minimum that PCVs may cover in health education on essential maternal care service include:
 - when to begin antenatal care
 - that at least four antenatal care visits are required to provide the necessary service
 - HIV and syphilis testing
 - screening for anemia
 - prophylactic treatment of malaria in endemic countries
 - measurement of BP and weight at every visit
 - HIV testing and prevention of mother to child transmission of HIV
 - Importance of newborn care, including signs and symptoms of need to seek immediate care for newborn
 - Promotion of baby WASH for the first 1,000 days to reduce routes of fecal disease transmission, such as:
 - protective play space, to protect developing child from contaminated soil and animal feces (especially chickens)
 - Infant hand washing with soap, when outside of protective play space.
 - Caregiver hand washing with soap after fecal contact and before preparing/serving food

- Safe disposal of feces—especially of children
- Water treatment
- Avoid feeding leftovers on should include the following:

Educated: Showing evidence of training or practice.

Small group or individual session: is defined as an intervention delivered in a small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger or can comprise of a family or couple.

Individual session: is defined as an intervention that is provided to one individual at a time.

Rationale: Educating individuals on essential maternal care presents an opportunity to empower individuals to know about life saving interventions related to pregnancy and newborn care.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).
3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.
4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) essential maternal care services, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least “X% of the training” or “X number of days of the training.” If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).
6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”

7. Reporting on Disaggregated Data in the VRT: This indicator is disaggregated by “Sex” and “Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female, and 2) 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No link