

<p>STANDARD SECTOR INDICATOR CODE: HE-088</p>	<p>Mothers Using a Modern Contraceptive Method within 12 Months of Birth of Last Child: Number of non-pregnant mothers of infants <12 months of age reporting that they are using a modern contraceptive method.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment Project Area: Maternal, Neonatal and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care</p>	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Non-pregnant mothers with infants < 12 months</p>	<p>Disaggregation: Sex: Non-pregnant Females Age: 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

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

- The woman must not be pregnant
- The woman must have an infant 0-12 months old **and**
- The woman must have received training on modern contraceptive methods and/or participated in a group that was facilitated by a PCV or their partner and must have been encouraged to use or continue to use a modern contraceptive method as a result of being in the group
- 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 woman or her partner must report using a modern contraceptive method that is included in the list below **and** that on last sex they were protected from getting pregnant by using: female sterilization; male sterilization; the pill; the IUD; injections (such as Depo-Provera); implants (such as Norplant); the female condom; the male condom; the diaphragm or cervical cap

Definitions:

Modern contraceptive methods: are defined as female sterilization, male sterilization, the pill, the IUD, injections (such as Depo-Provera), implants (such as Norplant), the female condom, the male condom, the diaphragm, cervical cap or emergency contraception.

Non-modern contraceptive methods: include foam or jelly when used alone, rhythm method, withdrawal, lactational amenorrhea, and abstinence.

Rationale: Pregnancy within 18 months of giving birth is associated with an increased risk of: low birth weight, small size for gestational age, preterm birth, and uterine rupture in women who attempt vaginal birth after a C-section (VBAC). Also, experts believe that closely spaced pregnancies don't give a mother enough time to recover from the physical stress of one pregnancy before moving on to the next. For example, pregnancy and breast-feeding can deplete your stores of essential nutrients, such as iron and folic acid. If a woman becomes pregnant before replacing those stores, it could affect her health or the baby's health.

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.

- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 2. Definition of Change:** The minimum change to report against this indicator is a non-pregnant woman with an infant <12 months is using a modern contraceptive method as compared to what was measured initially at baseline. In the case of this indicator, if the woman the Volunteer/partner works with has been using contraception before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the woman decided to begin using a method of modern contraception that would count because the Volunteer's work influenced the adoption of this practice.
- 3. General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of non-pregnant women with infants < 12 months who, after working with the Volunteer/partner, began using at least one method of modern contraception. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of women who participated in the activities designed to meet this indicator.
- 4. Reporting on Disaggregated Data in the VRF:** 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, 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