

STANDARD SECTOR INDICATOR CODE: HE-090	Able to Identify Signs or Symptoms Indicating the Need to Seek Care for the Newborn: Number of individuals who are able to identify 3 or more signs or symptoms indicating the need to seek immediate care for the newborn.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Maternal, Neonatal and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care	
Type: Short-term Outcome	Unit of Measure: Individuals	Disaggregation: Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years

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

- Must have received training on newborn care prior to giving birth
- 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
- Based on results of a pre/post-test, the individual must have been able to identify at least 3 or more signs or symptoms indicating that the newborn may have an infection and must be assessed immediately by a health care provider.

Definitions:

Evidence-based newborn care practices - are defined as behaviors that improve newborn care are defined as adopting one or more of the following behaviors: hygienic cord care, or thermal control (including drying and wrapping, skin-to-skin, and delayed bathing), early and exclusive breastfeeding, practicing general hygiene emphasizing frequent hand washing especially after cleaning the baby’s bottom and seeking care quickly at first signs of a newborn infection.

- **Hygienic cord care** – is defined as cutting the cord with at a minimum a new razor blade, using clean ties, and clean hands and not applying any substances other than antiseptics or antibiotic ointment to the stump. Keeping the stump clean and dry is therefore very important if infection is to be prevented.
- **Thermal control** – hypothermia of the newborn occurs throughout the world in all climates. After birth the wet newborn immediately starts losing heat. Therefore the baby should be immediately dried and covered. Skin to skin contact is the best way to keep baby warm. Bathing should be delayed for at least 24 hours and kept to a minimum.
- **Early breastfeeding** - is defined as being put on the breast within one-hour of birth. (This behavior should be reported under indicator HE-093)
- **General hygienic practices** when caring for the newborn is defined as washing the baby’s bottom and care givers hands after changing diapers
- **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 handwashing with soap, when outside of protective play space.
 - Caregiver handwashing with soap after fecal contact and before preparing/serving food
 - Safe disposal of feces—especially of children
 - Water treatment
 - Avoid feeding leftovers, or reheat

- **Early care seeking** is seeking care with a health care provider at the first signs of infection/sepsis in the newborn. These signs are non-specific and include: lethargy, poor feeding, fever, fast heart rate, cyanosis, fast breathing, chest retractions, apnea/gasping, seizures, high pitched or feeble cry, excessive crying/irritability, neck retraction, and bulging fontanel.

Signs or symptoms of need to seek immediate care - The first signs of infection/sepsis in the newborn are non-specific and include: lethargy, poor feeding, fever, fast heart rate, cyanosis, fast breathing, chest retractions, apnea/gasping, seizures, high pitched or feeble cry, excessive crying/irritability, neck retraction, and bulging fontanel.

Rationale: Safe birth and newborn care practices reduce neonatal mortality. Neonatal mortality (death in the first 28 days) accounts for about 40% of all under-5 deaths. Three-quarters of neonatal deaths occur in the first week, and more than one-quarter occur in the first 24 hours. Ability to quickly identify signs indicating the need seek immediate care may contribute to decreased neonatal mortality.

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. A data collection tool to measure this indicator could be based on one of the following methods—pre/post-test—though there may be other data collection methods that are appropriate. 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:** This indicator builds off of indicator **HE-089: *Educated on Newborn Care Practices***, as it measures an increase in knowledge following training on newborn care. Therefore, baseline data collected in the form of a pre-test for HE-089 would apply to this indicator as well.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same women, to assess whether they are able to identify 3 or more signs or symptoms indicating that the newborn may have an infection and must be assessed immediately by a health care provider. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect

that the outcome has been achieved. Once Volunteers have measured that at least one woman has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- 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.

- 5. Definition of Change:** The minimum change to report against this indicator is an individual was able to identify at least. In the case of this indicator, if the woman the Volunteer/partner works with identified 3 or more signs or symptoms indicating that the newborn may have an infection and must be assessed immediately by a health care provider during the pre-test, then the Volunteer would not be able to count her for this activity because the person already had this knowledge prior to working with the Volunteer. However, if as a result of working with the Volunteer/partner, the woman's knowledge on this topic increased, that would count because the Volunteer's work provided the individual with the training needed to be able to identify at least 3 signs or symptoms indicating that the newborn may have an infection and must be assessed immediately by a health care provider.
- 6. 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 women who, after working with the Volunteer/partner, identified 3 or more signs or symptoms indicating that the newborn may have an infection and must be assessed immediately by a health care provider. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
- 7. 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