

<p>STANDARD SECTOR INDICATOR CODE: HE-092</p>	<p>Educated on exclusive breastfeeding: Number of target population reached with individual or small group level education on the benefits of exclusive breastfeeding.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment Health Sector Project Area: Maternal, Neonatal and Child Health</p> <ul style="list-style-type: none"> • Project Activity Area/Training Package: Maternal and Neonatal Care • Project Activity Area/Training Package: Infant and Young Child Health <p>Agriculture Sector Project Area: Resilience and Stability Project Activity Area/Training Package: Nutrition for Healthy Families</p>	
<p>Type: Output</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation: Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

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

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. Education does not have to be in only an organized, formal training but rather can include home visits, nutrition counseling and other approaches that focus on education.

Definitions:

Exclusive breastfeeding is defined as an infant feeding practice where the infant receives breast milk (including expressed breast milk or breast milk from a wet nurse) but nothing else during the first six months of life, with the exception of vitamin or mineral supplements, medicine or ORS (under recommendation of a medical professional). An infant receiving plain boiled water, soups, porridge, semi-solid foods before six months of age cannot be counted as exclusively breast fed.

Immediate initiation of breastfeeding is defined as putting the infant to breast within one hour of delivery.

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

Rationale: Exclusive breastfeeding is the single most effective intervention to improve the survival of children and directly affects the nutritional status of children. An estimated 1 million child deaths could be averted every year if all children were optimally breastfed.¹

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. For this Standard Sector Indicator, a tracking sheet that collects the following data should be developed:
 - a. The name/title of the intervention/project
 - b. The start and end date

¹ Save the Children. *Nutrition in the First 1000 Days: State of the World's Mothers 2012.*

- c. Location where the intervention is conducted
- d. A brief description of the activities of the intervention
- e. Names of organizations/partners collaborated with in implementing the intervention
- f. Beneficiaries – *see disaggregation*
- g. Source and amount of funding, if funds are used

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.
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) that covers, promotes or helps to promote behavior change around exclusive breastfeeding, 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:** Since breastfeeding is a behavior engaged in by females only, the indicator reads “number of women...” However, valuing the potential support role that can be played by men in breastfeeding, a disaggregation function exists in this indicator to allow PCVs to capture work conducted with men. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by male and female.

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