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| <p>STANDARD SECTOR INDICATOR CODE: HE-093</p> | <p>Started Breastfeeding Within 1 Hour After Delivery: Number of mothers with infants <12 months reporting that their infant was put to the breast within one hour of delivery</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>Project Area: HIV Mitigation Project Activity Area/Training Package: HIV Prevention</p> | |
| <p>Type: Intermediate-term Outcome</p> | <p>Unit of Measure: Mothers</p> | <p>Disaggregation: Sex: Female 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 individual must have put the infant to the breast within one –hour of delivery.
- The individual must have an infant less than 12 months of age
- The individual must have participated in an activity (training, counseling session, etc.) facilitated by a PCV or their partners that had “promotion of optimal breastfeeding practices” as an objective

Definitions:

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

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.

Rationale: The immediate initiation of breastfeeding promotes a healthy start in life and contributes to preventing infant mortality. The “first milk” or colostrum is of high nutrient value; however the major benefit of colostrum lies in its serving as a vehicle through which a mother passes her own immune factors (antibodies and immune system cells) onto the newborn. It helps to keep the infant warm and if exclusive breastfeeding is adopted it decreases the incidence of diarrhea, acute respiratory infections, and malnutrition during infancy.

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:** The nature of this indicator makes it challenging to apply as a baseline and then to assess impact at a later date. In order to do so, one of two conditions would have to be met:
 - a. A community-wide census would have to be conducted that would indicate the total number (which could then be expressed as a percentage) of infants that were immediately breastfed (breastfed within one hour of delivery).
 - b. Access to a reliable, recent survey that used like criteria and indicated a percentage of infants immediately breastfed in the community.

At that point, the application of the accompanying tool to derive this indicator could be compared against this known, community-wide percentage to assess the impact of the Volunteer activities. For example, if the known prevalence of immediate breastfeeding is 70% in the community, and the application of this indicator (using the accompanying tool) demonstrates that nine out of the ten women (90%) the Volunteer worked with immediately breastfed their child (within one hour of delivery), then there is presumed association between the Volunteer activities and higher immediate breastfeeding rates.

4. **Frequency of Measurement:** This indicator is a one-off measure. Since it is a binary outcome, multiple measurements will not yield novel information (you can't have exclusively breastfed a child for six months and then later not have exclusively breastfed that same child). Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF. Following any additional measurements taken (new infants either immediately breastfed or not), Volunteers should report on these new individuals achieving the outcome in their next VRF.
5. **Definition of Change:** The minimum change to report against this indicator is a “YES” response to #9 on the data collection tool, indicating accordance with the criteria for immediately breastfed.
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 infants immediately breastfed (within an hour of delivery) after working with the Volunteer/partner. 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 age. Since this is a question related to behavior immediately after delivering a baby, there is no disaggregation by gender and it is an indicator that uses only women as the unit of measure. To promote this behavior, however, PCVs are encouraged to consider working with men/husbands that may be important in supporting and advocating for immediate/early initiation of breastfeeding.

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