

STANDARD SECTOR INDICATOR CODE: HE-094	Able to Identify the Criteria for Exclusive Breastfeeding: Number of individuals who are able to correctly identify the criteria for exclusive breastfeeding.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health • Project Activity Area/Training Package: Infant and Young Child Health 	
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:		
<ul style="list-style-type: none"> • The individual must correctly answer all 10 questions on breastfeeding (see data collection tool). 		
Definitions:		
<p>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.</p>		
<p>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</p>		
Measurement Notes:		
<ol style="list-style-type: none"> 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. 3. Activity-Level Baseline Data Collection: Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline 		

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

measurement regarding the outcome(s) defined in this data sheet. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on “frequency of measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population, 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:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically 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. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities. Once Volunteers have measured that at least one individual 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 a perfect, ten out of ten score on the data collection tool. It is not so much a measure of change, as it is a benchmark for satisfying an affirmative response to this yes/no (binary) indicator.
- 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 participants able to identify the criteria for exclusive breastfeeding 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 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