

<p>STANDARD SECTOR INDICATOR CODE: HE-095</p>	<p>Infant was Exclusively Breastfed for the First Six Months: Number of infants 6 to 12 months of age with a mother reporting that their child was exclusively breastfed for the first six months.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health • Project Activity Area/Training Package: Infant and Young Child Health • Project Area: HIV Mitigation • Project Activity Area/Training Package: HIV Prevention 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Infants</p>	<p>Disaggregation: Sex: Male, Female Age: 6-12 months</p>
<p>To be counted for this indicator the following criteria must be met:</p> <ul style="list-style-type: none"> • The women must have an infant between 6-12 months of age • The individual must have participated in a Volunteer group where they were educated on breastfeeding and encouraged to exclusively breastfeed by a Volunteer or Volunteer-supported activities • The mother must report that the infant was exclusively breastfed for the first six months (based on accompanying tool) <p>Definitions:</p> <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>		
<p>Measurement Notes:</p> <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 		

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

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. This indicator will relate back to individual activities that are measured by indicators HE-092 and HE-094, and that is the population you would want to see change in. 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 exclusively breastfed.
 - b. Access to a reliable, recent survey that used like criteria and indicated a percentage of infants exclusively 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 exclusive breastfeeding is 20% in the community, and the application of this indicator (using the accompanying tool) demonstrates that eight out of the fifteen women the Volunteer worked with have an exclusively breastfed child, then there is a presumed association between the Volunteer activities and higher exclusive 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 exclusively breastfed or not breastfed), 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 #7 on the data collection tool, indicating accordance with the criteria for exclusively breastfed to six months.
- 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 exclusively breastfed to six months 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 “Sex”. When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on 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:

1. Behavior Change to Improve Health
2. Reduced Maternal and Infant Morbidity and Mortality
3. Improved Nutrition for U5s