

Indicator: # of target population reached with individual or small group education on maternal and newborn care services (HE_MNCH_079)**HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Output**Unit of Measure:** Individual**Disaggregation:** Sex: Male, Female;
Pregnant Women: Yes/No;
Age**Related Objective:** Increase knowledge and skills of women to adopt practices that contribute to a healthy pregnancy, safe delivery, good postpartum, and a healthy newborn (Objective 1)**Precise definitions**

Target population: The population that will most benefit from the activity should be defined by post and the community where the PCVs are placed. In this case, pregnant women are most likely a target population, but other target populations may be defined more broadly, such as partners of pregnant women or mothers/caregivers. The targeting should be based on existing data in the community and any formative research, such as Designing for Behavior Change, PACA, or other similar tools.

Reached: This indicator is not intended to capture one-time activities or events but should focus on the individuals participating in activities that are ongoing, such as care groups, mothers groups, etc. Increasing knowledge and changing behavior is a longer-term process and requires multiple interactions with the same individual. While there may be some utility in once-off events, this indicator is focused on those individuals who attend a number of predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.

Maternal and newborn care services: a list of basic services that should be offered to all pregnant women. These include: 1) antenatal care services, including basic examinations and a birth plan with provision for emergency obstetric care; 2) giving birth with a birth attendant; 3) postpartum care within two days; 4) planning to exclusively breastfeed; and 5) knowing when to seek care for a newborn. As part of these basic services, women should also be given information on the signs and symptoms of danger during pregnancy and the onset of labor.

- 1) At a minimum, PCVs should touch on the five topics listed under the definition of maternal and newborn care services.
- 2) Additional topics that PCVs may cover in health education on maternal and newborn care services include:
 - when to begin antenatal care
 - WHO recommends eight antenatal care visits (country policy should be used)
 - prophylactic treatment of malaria in endemic countries
 - measurement of blood pressure and weight at every visit
 - HIV testing and prevention of mother-to-child HIV transmission
 - the importance of newborn care, including signs and symptoms that require seeking immediate care for a newborn
 - the promotion of safe water, sanitation, and hygiene (WASH) for the first 1,000 days, including:

- a play space that protects the developing child from contaminated soil and animal feces (especially chickens)
- infant handwashing with soap when outside of the protective play space
- caregiver handwashing with soap after fecal contact and before preparing/serving food
- the safe disposal of feces, especially of children
- water treatment

Newborn: A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at the highest risk of dying. It is thus crucial that appropriate feeding and care are provided during this period, both to improve the child's chances of survival and to lay the foundations for a healthy life.

Small group or individual session: an intervention delivered in a small group setting. The ideal group size is 25 individuals or less.

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

Data collection

Tool: Maternal and Newborn Health Attendance Tracking Tool

Data should be collected routinely at each session covering topics related to maternal and newborn health. A PCV should track individuals separately per session to assess how many total sessions each participant attended by the end of the intervention. Only individuals attending 75 percent of the sessions should be counted under this indicator. Some basic attributes of each participant should also be tracked for reporting purposes. For this indicator, age, sex (male/female), and pregnancy status should be tracked.

The number achieved will be used to show results for the current fiscal year and to identify the participants who will be followed up with as part of an outcomes survey. At the end of the training/series, each PCV and their counterpart will implement a short survey with those who attended 75 percent of essential maternal and newborn health services. This will be used to assess retention of information and whether a woman actually changed her behavior. Please see the Maternal Health Outcomes Survey tool for further guidance.

Reporting

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

- Individuals received training on maternal and newborn care services and/or participated in a group that was facilitated by a PCV and their counterpart.
- The training was provided by the PCV and their counterpart in an individual or small group setting of 25 individuals or less.
- Individuals attended at least 75 percent of the sessions.
- Attendance at the educational sessions was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).
- The individual was provided information on all topics specified in the definition of essential maternal care services (see above definition).

Data will be aggregated over the reporting period and reported under HE_MN CH_079, counting each participant only once during the fiscal year (October 1–September 30). For example, if a woman attended 10 different essential maternal health-care sessions over five months, she would only be counted once under this indicator within the fiscal year. If she continues to attend another group in the following year, she could be counted again, as one individual, under the same indicator in the VRT for the following fiscal year.