*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator:** Newborn’s first postnatal checkup in the first two days after birth |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Caregivers seek prompt and appropriate care for signs and symptoms of newborn illness |
| **Is This a Performance Plan and Report Indicator?** No  Yes  for Reporting Year(s)\_\_\_\_\_\_  **If yes, link to Foreign Assistance Framework:** |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of last births in the two years preceding the survey who had their first postnatal checkup within the first two days after birth. *This proxy indicator is based on the assumption that caregivers who attend a postnatal checkup within the first two days are more likely to know the danger signs of newborn illness and take action, and are also accessing care during a child's most vulnerable days.*  Calculated:   * Numerator: Number of last births in the two years preceding the survey who had their first postnatal checkup within the first two days after birth * Denominator: Total number of last births in the two years preceding the survey |
| **Unit of Measure:** Percentage of births |
| **Data Type:** Percentage |
| **Disaggregated by:** |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/newborn_illness_care>). Prompt diagnosis and appropriate care for newborn illness could reduce neonatal mortality by up to 30% (<https://www.ncbi.nlm.nih.gov/pubmed/24853604>). This is an occasional behavior that needs to be practiced without hesitation at the onset of danger signs of illness.  A better indicator to more directly represent care for newborn illness would be: *Percentage of women with a live birth during a specified time period who report having sought care from a skilled provider for their sick newborn.* A sick newborn is defined as having a reported newborn illness in the first 28 days after birth. Skilled providers can include private doctors, nurses, physician assistants, midwives and trained birth attendants, and pharmacists. However, data for this indicator are not readily available in standard population-based surveys such as DHS or MICS. Therefore, a proxy is proposed instead. USAID might consider incorporating this better indicator into future surveys to track this behavior. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: RH\_PCCT\_C\_DY2. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Secondary source: UNICEF Multiple Indicator Cluster Survey (MICS). |
| **Method of Collection and Construction:** DHS Household survey, Woman’s Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |
| **Reporting Frequency:** Approximately every 5 years |
| **Individual(s) Responsible at USAID:** |
| **TARGETS AND BASELINE** |
| **Baseline Timeframe:** |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessments and Name(s) of Reviewer(s):** |
| **Date of Future Data Quality Assessments** *(optional)****:*** |
| **Known Data Limitations***:*  Validity: As a proxy, having a newborn check-up within her first two days of life cannot fully represent treatment-seeking behavior for illness throughout a baby’s first 28 days of life. This proxy indicator is likely to overestimate this behavior, as a postnatal checkup within two days is more likely to occur (and may occur during the same hospital stay for delivery) whereas a mother may encounter more barriers to seeking treatment in the month that follows, including challenges with detection of illness, transport, etc.  Reliability: Mothers may report the recommended behavior rather than actual practice, particularly in areas where communication programs have been promoting healthcare-seeking behaviors for mothers and their newborns (Gage et al., 2005). Surveys rely on recall of events, and this indicator is subject to recall bias, which is likely to increase with the length of the recall period. Recall bias can be minimized by keeping the reference period short.  Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:** |
| **This Sheet Last Updated On:** December 22, 2017 |