*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:** Children who started breastfeeding within 1 hour of birth |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**Mothers initiate breastfeeding within one hour after delivery |
| **Is This a Performance Plan and Report Indicator?** No [x]  Yes [ ]  for Reporting Year(s)\_\_\_\_\_\_**If yes, link to Foreign Assistance Framework:**  |
| **DESCRIPTION** |
| **Precise Definition(s):** Among last-born children born in the two years preceding the survey, percentage who started breastfeeding within 1 hour of birthCalculated:* Numerator: Number of last-born children born in the two years preceding the survey put to the breast within 1 hour of delivery
* Denominator: Last-born children born in the two years preceding the survey

The numerator and denominator include living and deceased children who were born (live births) within the past 24 months (<https://www.unicef.org/publications/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf> ). |
| **Unit of Measure:** Percentage of children |
| **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/early_breastfeeding>). This indicator assesses the practice of placing the newborn at the mother’s breast within one hour after birth (ideally immediately following birth) and serves as a proxy for the timely initiation of breastfeeding. Mothers are more likely to successfully initiate lactation breastfeeding, to encounter fewer problems, and to maintain optimal breastfeeding behaviors if they initiate breastfeeding shortly after birth. Immediate placement of the infant at the mother’s breast allows time for the infant to initiate suckling and breastfeeding should begin no later than one hour after the delivery. Colostrum, the thick yellowish milk produced in the first few days after birth, is nutritious and helps to protect the infant against common infections. Thus, breast milk is the infant’s first immunization against common illnesses. The WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) has laid out the linkages for how breastfeeding and complementary feeding contribute to achieving each of the eight of the Millennium Development Goals (<https://www.unicef.org/publications/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf>).Early placement of the infant with the mother also allows skin-to-skin contact, which is important for bonding, maintaining infant body warmth, and may stimulate both mother and infant, thereby facilitating suckling. The BFHI recommends among its program expansion and integration criteria immediate skin-to-skin contact for at least 60 minutes after birth (see <https://www.unicef.org/publications/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf>, Section 1.5).  |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: CN\_BRFI\_C\_1HR. 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 Data 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 (DQA) and Name(s) of Reviewer(s):**  |
| **Date of Future Data Quality Assessments** *(optional)****:***  |
| **Known Data Limitations:** Reliability: Recall bias. A mother may have difficulty correctly recalling months after the event when she initiated breastfeeding for her youngest infant, particularly if she has had a difficult delivery. Thus, this indicator is subject to potential recall bias. This bias is likely to be even greater in populations unaccustomed to remembering and conceptualizing time. However, because this particular type of bias (toward a longer or shorter period than actually occurred) is assumed to be randomly distributed across a population, the potential bias should not skew the data to misrepresent the population’s general behavior related to breastfeeding initiation.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 |