*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:** Place of delivery: Health facility |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Caregivers provide essential newborn care immediately after birth |
| **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 live births in the three years preceding the survey delivered at a health facility. *This proxy indicator is based on the assumption that newborns are more likely to receive the elements of essential newborn care if they are born in a health facility.*  Calculated:   * Numerator: Number of live births in the three years preceding the survey delivered at a health facility * Denominator: Total number of live births in the three years preceding the survey |
| **Unit of Measure:** Percentage of live 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/essential_newborn_care>). Essential newborn care within the first week of life could reduce neonatal mortality by 50% (<https://www.ncbi.nlm.nih.gov/pubmed/24853604>). This is a one-time set of behaviors that begin during labor and delivery.  Essential newborn care entails cutting the umbilical cord with a clean instrument, ensuring nothing harmful is applied to the cord, drying the newborn immediately after delivery, and putting the newborn to the breast within one hour of birth. This group of behaviors is not currently tracked by any population-based standard survey such as DHS or MICS. Therefore, facility delivery was chosen as a proxy, as a newborn is more likely to receive this type of care if delivered in a facility with trained professionals. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source.** Demographic and Health Survey Program (DHS), indicator ID: RH\_DELP\_C\_DHF. 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> |
| **Frequency and Timing of Data Acquisition:** 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):** |

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| **Date of Future Data Quality Assessments** *(optional)****:*** |
| **Known Data Limitations:**  Validity: Delivering in a facility represents access to care to prevent newborn mortality; however, it is not certain whether all newborn care behaviors (cord cut with clean instrument; nothing harmful applied to cord; newborns dried immediately after delivery; and newborns put to the breast within one hour of birth) are actually practiced in each facility and for each birth. Variations in facility staff expertise and equipment can affect newborn health outcomes.  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 |