*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 exclusively breastfed |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Mothers breastfeed exclusively for six months 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 youngest children under two years of age living with the mother who are exclusively breastfed, disaggregated to include only children from age 0-5 months  Calculated:     * Numerator: Number of youngest children under age two living with the mother who are exclusively breastfed, disaggregated to include only children from 0-5 months of age * Denominator: Total youngest children under age two living with mother, disaggregated to include only children from 0-5 months of age   Breastfeeding status is measured by a “24-hour” period (yesterday and last night) and thought to be a proxy for typical feeding behavior. Evaluators should interpret the measure as the percent of infants who are currently being exclusively breastfed, rather than the percent exclusively breastfed since birth. Exclusive breastfeeding means the child received only breast milk during the previous day, with no other solids or liquids, including water (UNICEF/WHO, 2009). Exclusively fed infants are allowed to have drops of vitamins/minerals/medicines. The time frame 0-5 months includes from birth through the end of the infant’s fifth month of life. This indicator includes breastfeeding by a wet nurse and feeding expressed breast milk. |
| **Unit of Measure:** Percentage of children |
| **Data Type:** Percentage |
| **Disaggregated by:** Child age 0-5 months |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/exclusive_breastfeeding>). Optimal breastfeeding of infants under two years of age has the potential to prevent over 800,000 deaths, 13% of all deaths in children under five in the developing world (<http://www.sciencedirect.com/science/article/pii/S0140673615010247>). This is a home-based, daily behavior that needs to be practiced on demand, 8-12 times through the day and night. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: CN\_BRFS\_C\_EXB. 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 BASELINES** |
| **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: Using a 24-hour recall period to measure current status minimizes recall bias, but it may slightly overestimate the proportion of exclusively breast-fed infants since birth because some infants who are given other liquids irregularly may not have received them in the 24 hours before the survey.  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 |