

<p>STANDARD SECTOR INDICATOR CODE: HE-161 PEPFAR CODE: NA</p>	<p>Infants Received ARV Prophylaxis During Breastfeeding: Number of infants receiving ARV prophylaxis during breastfeeding as result of the work of the Volunteer or their partners.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> ○ Project Activity Area/Training Package: HIV Prevention 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Infants</p>	<p>Disaggregation: Sex: Male, Female Age: <12 Months</p>

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

- The infant must be being breastfed by their HIV+ mother;
- The individual must have regularly participated in a group for pregnant women or in a care and support group where the Volunteer or their partners encouraged and promoted adherence to antiretroviral medication regime during breastfeeding for mother and child;
- The mother of the infant must report that they gave their infant ARVs as prescribed for the duration of breastfeeding;
- The Volunteer or their partner should ask to review documentation of monthly/weekly receipt of antiretroviral medications.

Definitions:

Mobilize is defined as to organize, assemble, prepare and encourage (HIV+ women) to act in a concerted way in order to ensure their infants receive ARVs during breastfeeding.

WHO 2010 guidance recommends two options for providing ARV prophylaxis during breastfeeding. One option provides mothers with ARVs; the other regime ensures that infants are given ARV prophylaxis for the duration of breastfeeding.

- Option A: Twice daily AZT for the mother and infant prophylaxis with either AZT or NVP for six weeks after birth if the infant is not breastfeeding. If the infant is breastfeeding, daily NVP infant prophylaxis should be continued for one week after the end of the breastfeeding period.
- Option B: three-drug prophylactic regimen for the mother taken during pregnancy and throughout the breastfeeding period, as well as infant prophylaxis for six weeks after birth, whether or not the infant is breastfeeding.

National health authorities should decide whether health services will principally counsel and support HIV+ mothers to either breastfeed and receive ARV interventions, **or** avoid all breastfeeding.

In settings where national authorities recommend HIV+ mothers to breastfeed and provide ARVs to prevent transmission, mothers should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and should continue breast-feeding for the first 12 months of life.

Rationale: The provision of ARV prophylaxis to the mother and/or child during pregnancy and breastfeeding can be used to reduce mother-to-child HIV transmission from 35% in the absence of any interventions with continued breastfeeding to less than 5% or lower. For the first time, there is enough evidence for WHO in 2010 to recommend ARVs while breastfeeding and several clinical trials have shown the efficacy and acceptability of providing prophylaxis either to the mother or to the infant during breastfeeding.

Measurement Notes:

- 1. Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on [one of the](#) following methods—program records, survey, and observation—though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see [Appendix I in the MRE Toolkit](#). Also be sure to check [this link](#) on the intranet page as sample tools are regularly uploaded for post use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
- 2. General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
- 3. Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with mothers who are breastfeeding, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the community and especially breastfeeding mothers first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on “frequency of measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

- 4. Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator is a 'YES' response to question of whether or not HIV+ mothers have adopted one or more behavior(s) to reduce the risk of mother to child transmission of HIV during pregnancy and breastfeeding. This will need to be noted on the data collection tool to indicate accordance with the criteria.
- 6. General Reporting in the VRF:** This indicator is intended to capture programs for HIV+ women who are breastfeeding their infants. The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of infants receiving ARV prophylaxis during breastfeeding as a result of the work of the Volunteer/partner. The "total number" (or denominator) that Volunteers will report all HIV+ pregnant women who were breastfeeding and were in the group.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Age" and "Sex". When reporting in the VRF, a volunteer should disaggregate the total number of male individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No Link