STANDARD SECTOR INDICATOR CODE: HE-121	**Children who Completed Vaccinations Required by WHO by 12 Months of Age:** Number of children aged 12-23 months who completed their WHO required immunizations by 12 months age.	

HEALTH SECTOR	**Sector Schematic Alignment**
	• **Project Area:** Maternal, Neonatal and Child Health
	  • **Project Activity Area/Training Package:** Infant and Young Child Health
	• **Project Area:** HIV Mitigation
	  • **Project Activity Area/Training Package:** Community Care of OVC	

Type: Intermediate-term Outcome	**Unit of Measure:** Eligible Children	**Disaggregation:** **Sex:** Male, Female **Age:** 12-23 months

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

- The mother/caretaker of the child must have a child 12-23 months of age. Volunteers will not be responsible for reporting data on children 0-11 months of age.
- The mother/caretaker of the child must have attended a training on vaccine preventable diseases.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- The child must have received a BCG, DPT 1, 2, 3, OPV 1, 2, 3; and one measles containing vaccine (MCV) by 12 months of age AND the interval between each dose must meet the required standards
- **If the Volunteer is working with Orphans and Vulnerable Children AND the Volunteer promoted and encouraged completion of immunizations by 12 months of age, the child should also be counted under the HE-162-PEFPAR indicator as a recipient of 1 care service.**

Definitions:

Orphans and Vulnerable Children (OVC): Children affected by AIDS, often referred to as orphans and vulnerable children (OVC), are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects. **H.R. 5501; Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.*

World Health Organization required immunizations: are defined as receipt of BCG for protection against tuberculosis; DPT 1, 2, 3 for protection from diphtheria, pertussis, and tetanus; OPV 1, 2, 3 for protection against polio; and one measles containing vaccine (MCV) by 12 months of age.

- **BCG**: the percentage of one-year-olds who have received a single dose of the BCG vaccine in a given year. This vaccine is usually given at birth or soon after birth. It protects children from Tuberculosis. Tuberculosis is an infectious bacterial disease caused by Mycobacterium tuberculosis, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease. In healthy people, infection with Mycobacterium tuberculosis often causes no symptoms, since the

person's immune system acts to "wall off" the bacteria. The symptoms of active TB of the lung are coughing, sometimes with sputum or blood, chest pains, weakness, weight loss, fever and night sweats. TB is treatable with a six-month course of antibiotics.

- **DPT (Diphtheria, Pertussis, Tetanus)**: The percentage of one-year-olds who have received **three** doses of the combined diphtheria, pertussis, and tetanus toxoid vaccine by 12 months of age. The first dose may be given at 6 weeks. There must be an interval of at least four weeks between each dose. Some countries may provide a five-in-one pentavalent vaccine, administered in a three-dose schedule, offering protection against five diseases: diphtheria-tetanus-pertussis (DTP), hepatitis B, and *Haemophilus influenza* type b. ***For Volunteers working in countries that use the pentavalent vaccine, DPT may not be explicitly listed but rather will show up as "pentavalent" or "penta" instead.***
    - **Diphtheria**: A disease caused by the bacterium Corynebacterium diphtheriae. This germ produces a toxin that can harm or destroy human body tissues and organs. One type of diphtheria affects the throat and sometimes the tonsils. Another type, more common in the tropics, causes ulcers on the skin.
    - **Pertussis**: Commonly known as whooping cough, is a highly infectious bacterium that can cause severe coughing. Pertussis is most dangerous to infants less than 1 year old who develop pneumonia, convulsions, and rarely, brain damage or death. Named for the signature "whoop" that sometimes accompanies the cough, pertussis has been called "the 100-day cough." Whooping cough can cause difficulty breathing, pneumonia, vomiting, and hospitalization.
    - **Tetanus**: A disease that is acquired when the spores of the bacterium Clostridium Tetani infect a wound or the umbilical stump. Spores are universally present in the soil. People of all ages can get tetanus but the disease is particularly common and serious in newborn babies ("neonatal tetanus"). It requires treatment in a medical facility, often in a referral hospital. Neonatal tetanus, which is mostly fatal, is particularly common in rural areas where deliveries are at home without adequate sterile procedures.
- **OPV (oral polio vaccine)**: the percentage of one-year-olds who have received three doses of the oral polio vaccine by 12 months of age. The first dose may be given at 6 weeks. There must be an interval of at least four weeks between each dose. Poliomyelitis is targeted for eradication. It continues to be endemic in several countries. It causes acute flaccid paralysis (AFP) in those infected. AFP is a sudden onset of weakness and floppiness in any part of the body in a child < 15 years of age or paralysis in a person of any age in whom polio is suspected.
- **Measles** (MCV): The percentage of children under one year of age who have received at least one dose of measles-containing vaccine in a given year. The vaccine may be given at 6 months. Recommended 9-12 months. Measles is a highly contagious, serious disease caused by a virus. It remains a leading cause of death among young children globally, despite the availability of a safe and effective vaccine. Measles is transmitted via droplets from the nose, mouth or throat of infected persons. Initial symptoms, which usually appear 10–12 days after infection, include high fever, runny nose, bloodshot eyes, and tiny white spots on the inside of the mouth. Several days later, a rash develops, starting on the face and upper neck and gradually spreading downwards.

Rationale: Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is also a good proxy indicator of health system performance.

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. For this Standard Sector Indicator, Peace Corps post staff can access a sample tool on the intranet page through **this link** and adapt it at the post level for their Volunteers' 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:** This indicator builds off of indicator **HE-114:** ***Educated on Prevention of Common Childhood Illnesses***, which measures the knowledge and attitudes of mothers/caregivers regarding immunizations. To measure the number of children aged 12-23 months who completed their WHO required immunizations (BCG, DPT3, OPV3 and one measles vaccine) by 12 months age, Volunteers should survey the mother/caregiver using the sample tool to take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with community members, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the individual first. The same tool used to collect baseline information will be used to take the follow-on measurement (see the bullet on "frequency of measurement"). The follow-on measurement should be taken after the Volunteer has conducted his/her activities (in this case, training on prevention of common childhood illnesses, including immunizations).

   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:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same mothers/caregivers, to assess if the child of the mother/caregiver completed vaccinations required by WHO by 12 months of age. This measurement is typically taken 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 child aged 12-23 months who completed their WHO required immunizations (BCG, DPT3, OPV3 and one measles vaccine) by 12 months age. If the mother/caregiver the Volunteer/partner works with already completed vaccinations required by WHO by their child's first birthday before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count the child for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the mother/caregiver began immunizing her child and completed the required vaccinations before the child turned one, that would count because the Volunteer's work influenced the adoption of this practice.

6. **General Reporting in the VRF**: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of children aged 12-23 months who completed their WHO required immunizations (BCG, DPT3, OPV3 and one measles vaccine) by 12 months of age, after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on 1) male and female and 2) 12-23 months

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