

Performance Indicators: Chlorhexidine for Umbilical Cord Care

These performance indicators have been developed by the Chlorhexidine Working Group (CWG). The CWG is an international collaboration of organizations committed to advancing the use of 7.1% chlorhexidine digluconate (delivering 4% chlorhexidine) for umbilical cord care through advocacy and technical assistance.

The performance indicator list provides a set of common measures for evaluating progress of the chlorhexidine for umbilical cord care (CHX) intervention scale-up. It is intended to guide monitoring and evaluation (M&E) efforts at country level, thereby, facilitating the tracking of both national and global impact. It is understood that countries are using different strategies for the CHX intervention and; therefore, have different measurement needs. We encourage country stakeholders and governments to adapt the performance indicators to fit local country contexts based on available evidence and data sources.

The performance indicator list consists of four indicators:

- Two indicators to measure process: i) supply chain and ii) commodity distribution (Table 1).
- Two indicators to measure outcome: iii) availability/geographic coverage and iv) population coverage (Table 2).

Health impact is measured by a change in the neonatal mortality rate and is not usually included in programmatic M&E efforts.

Table 1: Process measures for chlorhexidine for umbilical cord care scale-up.

INDICATOR	DEFINITION	METRIC	DATA SOURCE(S)
<p>PROCESS: Supply chain</p> <p>Number of service delivery points that report stock-out of CHX commodity each month.</p>	<p>The proportion of service delivery points that experienced CHX commodity stock-out for 3 or more days* in a calendar month.</p>	<p>Numerator: Number of service delivery points with CHX commodity stock-out.</p> <p>Denominator: Total number service delivery points offering MNCH services in catchment area.</p>	<p>Numerator: Service delivery point [i.e., facility, pharmacy] stock register.</p> <p>Denominator: Government / MOH records on total number of service delivery points offering MNCH services in catchment area.</p>
<p>PROCESS: Commodity distribution</p> <p>% of pregnant women receiving CHX product.</p>	<p>The proportion of pregnant women who receive CHX product (at specific time point and/or site).</p>	<p>Numerator: Total number of pregnant women documented to have received CHX product.</p> <p>Denominator: Total number pregnant women (adapted to country context regarding specific time point and/or site).</p>	<p>Numerator: Record capturing details of women receiving the product at time-point/site.</p> <p>Denominator: Record of all targeted pregnant women.</p>

CHX = 7.1% chlorhexidine digluconate for umbilical cord care

*Align with country policy on definition of stock-out

Table 2: Outcome measures for chlorhexidine for umbilical cord care scale-up.

INDICATOR	DEFINITION	METRIC	DATA SOURCE(S)
<p>OUTCOME: Availability/geographic coverage</p> <p>% of geopolitical units (e.g., districts).</p>	<p>The proportion of geopolitical units dispensing CHX commodity for cord application in catchment area.</p>	<p>Numerator: Total number of geopolitical units dispensing the CHX commodity for cord application in catchment area.</p> <p>Denominator: Total number of geopolitical units offering MNCH services in catchment area.</p>	<p>Numerator: CHX project records.</p> <p>Denominator: Government/MOH records on total number of geopolitical units offering MNCH services in catchment area.</p>
<p>OUTCOME: Population coverage**</p> <p>% newborns receiving CHX application at birth.</p>	<p>Proportion of all live births where CHX was applied to the cord stump within 24 hours of birth (disaggregated by place of birth).</p>	<p>Numerator: Total number of newborns receiving CHX application within 24 hours of birth.</p> <p>Denominator: Total live births.</p>	<p>Numerator and denominator: Live births in surveyed population (or live births at home depending upon national policy/data available). Potential to collect in household surveys (i.e. DHS, MICS)** although maternal recall of events happening around the time of birth may not always be accurate especially if household survey is conducted several years after the last birth.</p> <p>In settings where most births occur in facilities, CHX application could be monitored through routine newborn care register.</p>

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**This measure can be aligned with Demographic and Health Surveys (DHS) Program newborn module by using the following questions:

- DHS NB6: Was anything applied to the stump of the cord at any time?"
- CH2: Was chlorhexidine applied to the stump at any time?"
- CH3: How long after the cord was cut was chlorhexidine first applied?"

This measure aligns with the current ENAP indicator which is: "Number of newborns that received at least one dose of CHX (7.1%) to the cord on the first day after birth (within 24 hours of birth)". For clarity, ENAP has been requested to change the wording of this indicator to specify that this is referencing a single dose of chlorhexidine applied to the umbilical cord within 24 hours of birth, not multiple applications per day.