**Indicator: # of children 6–23 months receiving a minimally acceptable diet**  
(HE_MNCH_243)

**HEALTH SECTOR ❤️** Maternal, Newborn, and Child Health

**PROJECT AREA:** Maternal, Newborn, and Child Health

**Type:** Outcome  
**Unit of Measure:** Individual  
**Disaggregation:** Sex: M, F

**Outcome Measured:** Increase the knowledge and skills of child caregivers to keep children under 5 healthy

**Precise definitions**

**Children:** The individuals being measured are children 6–23 months of age. The individual being interviewed will be the mother, father, or caretaker of the child and will answer on their behalf. The mothers/father/caregivers being asked the questions should have attended at least 75 percent of a multisession training on preventing and managing childhood illness co-facilitated by the PCV and their counterpart or local health staff/volunteer.

**Minimum Acceptable Diet (MAD):**

Minimum dietary diversity for breastfed children 6–23 months is defined as four or more food groups out of the following seven food groups (refer to the WHO IYCF operational guidance document cited below):

1. Grains, roots, and tubers
2. Legumes and nuts
3. Dairy products (milk, yogurt, cheese)
4. Flesh foods (meat, fish, poultry, and liver/organ meats)
5. Eggs
6. Vitamin-A rich fruits and vegetables
7. Other fruits and vegetables

Minimum meal frequency for breastfed children is defined as two or more feedings of solid, semi-solid, or soft food for children 6–8 months and three or more feedings of solid, semi-solid, or soft food for children 9–23 months.

For the MAD indicator, minimum dietary diversity for non-breastfed children is defined as four or more food groups out of the following six food groups:

1. Grains, roots, and tubers
2. Legumes and nuts
3. Flesh foods (meat, fish, poultry, and liver/organ meats)
4. Eggs
5. Vitamin-A rich fruits and vegetables
6. Other fruits and vegetables
Minimum meal frequency for non-breastfed children is defined as four or more feedings of solid, semi-solid, soft food, or milk feeds for children 6–23 months. For non-breastfed children to receive a minimum adequate diet, at least two of these feedings must be milk feeds.


**Data collection**

**Tool:** Child Health Outcomes Survey

The Child Health Outcomes Survey is intended to be given to the mothers/caregivers who participated in a multisession training focused on preventing and managing childhood illnesses facilitated by the PCV and their counterpart. This survey tool should be used three times:

1) As a pre-test at the start of the first training session/meeting
2) As a post-test at the last session/meeting to assess change during the time of the training
3) Three to six months after the training/activity has finished to assess whether knowledge is retained

All mothers/caregivers should be given the pre-test and post-test. Only mothers/caregivers who attended at least 75 percent of the defined information sessions should be included in the survey three to six months afterward. If the timing of a PCV’s close of service (COS) or other factors will not allow for this, a survey could be conducted earlier, but some indicators may need to be removed. For example, the indicator around Pentavalent vaccine is time bound and not enough time may have passed to measure it accurately. While it is the mother/caregiver who is given the survey, many of the questions are focused on the child/infant. The survey should be conducted by the PCV and their counterpart or co-facilitator of the group following the instructions provided in the outcomes survey tool closely. The survey should only include the topics that were included in the training on preventing and managing child illnesses. Questions should be removed from the survey if not discussed in the training.

**Reporting**

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

- The woman/father/caregiver attending the training has children under 5 years of age.
- The individual attended at least 75 percent of the training sessions and/or information offered on prevention of childhood illnesses.
- The information was provided by a PCV or their partner in an individual or small group setting of 25 people or less.
- Attendance at each session was documented by the Volunteer or their partner.