Indicator: # of children under 5 who slept under an insecticide-treated net (ITN) the previous night (HE_MNCH_249)

HEALTH SECTOR ❤ PROJECT AREA: Maternal, Newborn, and Child Health

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

Related Objective: Increase the knowledge and skills of child caregivers to keep children under 5 healthy (Objective 2)

Precise definitions
Children: The individuals being measured are children under the age of 5 in the household. The individual being interviewed will be the mother, father, or caretaker of the child and will answer on their behalf. Individuals attending 75 percent of a multisession training on prevention of childhood illness co-facilitated by the PCV and their counterpart or local health staff/volunteer should be interviewed.

Insecticide-treated nets: All mosquito nets act as a physical barrier and prevent access to mosquitoes. Pyrethroid insecticides used to treat ITNs add a chemical barrier to repel, disable, and/or kill mosquitoes coming into contact with insecticide on the netting material. There are two categories of ITNs: conventionally treated nets that should be retreated after three washes or every year and long-lasting insecticidal nets (LLINs) made with netting that has insecticide incorporated within the fibers and lasts at least 20 standard washes or three years. WHO recommends only long-lasting insecticidal nets (LLINs); however, for this indicator, both types of ITNs can be counted. It is ideal for a child to be sleeping under an LLIN, but it is better to be sleeping under any type of ITN than not at all.

To be counted for this indicator all of the following criteria must be met:
- The ITN is in good condition. It should not have any holes larger than the size of a fist and should be under three years old.
- The ITN is correctly hung.
- The child slept under the ITN the night before the surveyor questions him or her.
- The child had the ITN tucked in.

Note: During the survey, the women being interviewed should be able to show the interviewer the ITN.

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 outcome 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.