

<p>STANDARD SECTOR INDICATOR CODE: HE-096</p>	<p>Educated on Complementary Feeding Practices: Number of target population reached with individual or small group level education on evidence-based complementary feeding practices for infants aged 6-11 months old.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health • Project Activity Area/Training Package: Infant and Young Child Health 	
<p>Type: Output</p>	<p>Unit of Measure: Number of Target Population</p>	<p>Disaggregation:</p> <p>Sex: Female, Male Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

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

- 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.
- Attendance at educational session/s must be documented by the Volunteer or their partner

Definitions:

Weaning or Complementary Feeding Practices: The introduction of foods to complement continued breastfeeding.

- It is recommended to begin at six months of age
- Breastfeeding is the best form of nutrition for healthy infants and provides complete nutrition for the first 6 months – there is no need any liquids or solids to be given prior to six months
- Despite the introduction of complementary foods, continued breastfeeding to two years and beyond is recommended
- Preterm infants and infants born to HIV + mothers may need special considerations and should be assessed individually.

Complementary foods: any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to a breast milk substitute

Very thin, watery soups and gruels should not be fed to infants because they are not nutritionally dense and would require large amounts to be consumed to achieve nutrient adequacy. The small size of the stomach at this stage of life dictates that complementary foods must be nutrient dense to deliver the required nutrition.

Infants should be moved from smooth pureed foods onto the second stage weaning foods (mashed foods with soft lumps) between 6-8 months and then to soft finger foods by 9-11 months.

Feedings in a 24 hour period should be composed of at least **4 of the 7 food groups** 1) grains, roots; 2) legumes and nuts; 3) dairy products; 4) flesh foods; 5) eggs; 6) vitamin A rich fruits and vegetables; 7) other fruits and vegetables.

Recommended feeding practices during this critical period can be found in the following table:

WHO Feeding Recommendations ¹		
Age Range	Feeding Amount	Feeding Frequency
< 6 months	Exclusive Breastfeeding	On demand – from eight to twelve times daily
6 to 8 months	Start with 2-3 tablespoonful per feeding, increasing gradually to ½ of a 250 ml cup	2-3 feedings daily + 1 or 2 snacks (small bits of fruit etc.) ² + continued breastfeeding on demand
9 to 11 months	½ of a 250 ml cup/bowl	3-4 feedings daily + 1 or 2 snacks + continued breastfeeding on demand
12 to 23 months	¾ to a full 250 ml cup/bowl	3-4 feedings daily + 2 snacks + continued breastfeeding on demand

Rationale: The time from birth to two years of age is crucial to ensure proper development and health for all children. Complementary feeding for infants is an important component in the care of a young child to ensure good nutritional health, optimal growth, and to prevent stunting.

Measurement Notes:

- Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the following data should be developed:

 - The name/title of the intervention/project
 - The start and end date
 - Location where the intervention is conducted
 - A brief description of the activities of the intervention
 - Names of organizations/partners collaborated with in implementing the intervention
 - Beneficiaries – *see disaggregation*
 - Source and amount of funding, if funds are used
- 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).
- Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.

¹ World Health Organization. <http://www.who.int/features/qa/21/en/>

² Depending on appetite

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on promoting optimal complementary feeding (otherwise known as weaning) practices, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least “X% of the training” or “X number of days of the training.” If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).
6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”
7. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by “Sex” and “Age”. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by male and female as well as their age bracket.

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