

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-098	<b>Demonstrated How to Prepare Complementary Foods:</b> Number of individuals able to demonstrate how to prepare safe and nutritious complementary foods.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <ul style="list-style-type: none"> <li>• <b>Project Area:</b> Maternal, Neonatal, and Child Health</li> <li>• <b>Project Activity Area/Training Package:</b> Infant and Young Child Health</li> </ul>	
<b>Type:</b> Short-term Outcome	<b>Unit of Measure:</b> Individuals	<b>Disaggregation:</b> <b>Sex:</b> Female, Male <b>Age:</b> 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years

**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.
- The individual must successfully demonstrate how to prepare a meal/s suitable for complementary feeding a child six months to two years.

The demonstration must adhere to the four optimal complementary feeding practice characteristics (timely, adequate, safe and appropriate) as defined by WHO (see definitions below). It is advised that the meal of complementary foods use a diversity of locally available and affordable food items.

**Definitions:**

**Demonstrate** is defined as to show or prove competence in certain skill/s before practicing the skill independently.

**Complementary foods:** any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to a breast milk substitute, when either becomes insufficient to satisfy the nutritional requirements of the infant.

**Semi-Solid/Solid foods** are defined as foods of mushy or solid consistency, not fluids. Very thin, watery soups and gruels should not be included because infants and young children do not get enough energy (calories) from very thin soups and gruels. Liquids do not count for this question. Also, very small snacks, such as a bite or two of someone else’s food, should not be counted.

**Complementary feeding practices** are defined by the WHO as timely, adequate, safe and appropriate:

- **Timely** means that all infants, from 6 months old and on, should start eating nutritious foods other than breast milk.
- **Adequate** means “given in amounts, frequency, consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding.” A child 6-8 months of age should receive both breast milk or 2 milk feedings AND 2 or more feedings from 4 out of the 7 food groups.
- **Safe** means that the food is prepared safely (hands correctly washed before preparing foods, foods cleaned and cooked or boiled for adequate time), and minimizes the risk of contamination by harmful pathogens
- **Appropriate** refers to the texture (first foods should be smooth pureed foods to mashed foods with soft lumps at 6-9 months and finger foods by 9-12 months) and style of feeding the child to make sure that it is age-appropriate and follows the principles of psycho-social care.

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

**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. Please check PCLive for data collection tools. 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-096: *Educated on Weaning Practices*** and **HE-097: *Ability to Identify Optimal Complementary Feeding Practices***, as they measure the skill and knowledge needed to correctly demonstrate preparation of complementary foods (frequently called ‘weaning’ foods). Therefore, baseline data collected in the form of a pre-test for HE-049 would apply to this indicator as well.

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 pre-test, Volunteers must take a minimum of one measurement with the same individuals to assess whether they have gained the skills needed to successfully demonstrate preparation of safe and nutritious complementary foods (weaning foods). 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. 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 an individual was able to successfully demonstrate preparation of safe and nutritious complementary foods (weaning foods). In the case of this indicator, if the person the Volunteer/partner works with already was skilled in preparation of safe and nutritious complementary foods (weaning foods) before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her 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 individual was able to successfully demonstrate preparation of safe and nutritious complementary foods (weaning foods), that would count because the Volunteer's work provided the individual with the necessary training needed achieve the task.
- 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 people who, under supervision of an instructor, successfully demonstrate preparation of safe and nutritious complementary foods (weaning foods) 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 age. When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on age categories.

**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