

<p><b>STANDARD SECTOR INDICATOR CODE:</b> HE-100</p>	<p><b>Educated on Nutritional needs of Children from 12 to 59 Months of Age:</b> Number of target population reached with individual or small group level education on the nutritional needs of young children from 12 months to under 5-years old.</p>	
<p><b>HEALTH SECTOR</b></p>	<p><b>Sector Schematic Alignment</b></p> <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>	
<p><b>Type:</b> Output</p>	<p><b>Unit of Measure:</b> Individuals</p>	<p><b>Disaggregation:</b></p> <p><b>Sex:</b> Male, Female <b>Age:</b> 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:**

- The individual must have participated in training on nutritional needs of children 12-59 months. Though training can take the form of group, one on one, peer-to-peer and counseling formats (as well as other approaches), it is suggested that the training consist of multiple times/sessions/visits (for reinforcement) and a cumulative total of multiple hours (for depth) of training
- Attendance at educational session/s must be documented by the Volunteer or their partner

**Definitions:**

**Nutritional needs of children 1- 5 years of age:** Appropriate feeding of children between the ages of 1 and 5 years old is transitional. The minimum acceptable diet includes standards of dietary diversity and feeding frequency by age of the child.

**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 followed by increasingly dense and solid foods as they move beyond a year of age.

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

WHO Feeding Recommendations <sup>1</sup>		
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 + <b>1 or 2</b> snacks (small bits of fruit etc.) <sup>2</sup> + continued breastfeeding on demand
9 to 11 months	½ of a 250 ml cup/bowl	<b>3-4</b> feedings daily + <b>1 or 2</b> snacks + continued breastfeeding on demand
12 to 23 months	¾ to a full 250 ml cup/bowl	<b>3-4</b> feedings daily + <b>2</b> snacks + continued breastfeeding on demand
24 to 59 months	Full 250 ml cup/bowl	<b>4+</b> feedings daily + <b>2</b> snacks + 2 servings of milk <sup>3</sup>

- Children 12- 23 months is a critical period and children should receive continue to receive breast milk. WHO recommends continued breastfeeding to or beyond age 2. As such, non-breast milk feeding during this time is meant to be complementary to breast milk. Guidelines for complementary feeding of children 12-23 months are both breast milk **AND** 4 (or more) feedings from 4 out of the 7 food groups. Quantities fed during these feedings should be gradually increased as the child's appetite dictates as compared to feeding during the previous period (9-11 months – 3 to 4 feedings and breast milk).
- Children 24-59 months should receive at minimum 2 servings of milk each day<sup>4</sup> AND at least 3 or more feedings of solid/semi-solid foods from 4 or more food groups out of the 7 following groups {(1) grains, roots 2) legumes and nuts, 3) dairy product 4) flesh foods, 5) eggs 6) Vitamin-A rich fruits and vegetables 7) other fruits and vegetables}.
- They should also receive supplemental Vitamin A, which can most often be accessed through health workers, according to national health protocols

**Rationale:** Children are especially vulnerable to nutritional deficiencies early in life. Though this indicator targets the age range of 12-59 months, be advised that the reversing/remedying nutritional insults before a child's second birthday is of critical importance as catch up growth and development after the second birthday has been shown to be rarely achievable, while intervention during the 1000 Days from pregnancy to a child's second birthday can permit normal growth and development during this critical period of life.

#### 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. A data collection tool to measure this indicator could be based on one of the following methods—observation or an attendance sheet—though there may be other data collection methods that are appropriate. 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

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

<sup>2</sup> Depending on appetite

<sup>3</sup> Breastfeeding can be displaced during this period, but animal milks are advised to take its place in optimal child feeding.

<sup>4</sup> Breastfeeding can be displaced during this period, but animal milks are advised to take its place in optimal child feeding.

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:** 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.
- 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