

<p><b>STANDARD SECTOR INDICATOR CODE:</b> HE-114</p>	<p><b>Educated on Prevention of Common Childhood Illnesses:</b> Number of target population reached with individual or small group education on prevention of common childhood illnesses.</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                             <ul style="list-style-type: none"> <li>• <b>Project Activity Area/Training Package:</b> Infant and Young Child Health</li> </ul> </li> <li>• <b>Project Area:</b> HIV Mitigation                             <ul style="list-style-type: none"> <li>• <b>Project Activity Area/Training Package:</b> Community Care of OVC</li> </ul> </li> </ul>	
<p><b>Type:</b> Output</p>	<p><b>Unit of Measure:</b> Individuals</p>	<p><b>Disaggregation:</b> <b>Sex:</b> Male, Female <b>Age:</b> 0-9 years, 10-17 years, 18-24 years, 25+</p>
<p><b>To be counted for this indicator the following criteria must be met:</b></p> <ul style="list-style-type: none"> <li>• The individual must have attended training on the management and prevention of common childhood illnesses.</li> <li>• The 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. PC/Post staff determines what comprises a small group.</li> <li>• Attendance at educational session/s must be documented by the Volunteer or their partner</li> </ul> <p><b>Definitions:</b></p> <p><b>Common childhood illnesses</b> – is defined as communicable diseases commonly experienced by young children. For the purpose of this indicator we are referring to illnesses that are the leading causes of death in children under five and that are either preventable or can be easily treated with proven intervention, such as diarrhea, pneumonia, neonatal sepsis, neonatal tetanus, measles and malaria.</p> <p><b>Small group or individual session:</b> is defined as an intervention delivered in a small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger or can comprise of a family or couple.</p> <p><b>Individual session:</b> is defined as an intervention that is provided to one individual at a time.</p> <p><b>For programs working with OVCs, PLWH, and children affected by AIDS this indicator should be disaggregated by the following target populations:</b></p> <ul style="list-style-type: none"> <li>• <b>Orphans and Vulnerable Children:</b> Children affected by AIDS, often referred to as orphans and vulnerable children (OVC), are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects. <i>*H.R. 5501; Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008</i></li> <li>• <b>Caregiver:</b> A parent, guardian, foster parent who has primary responsibility for the child in the home.</li> <li>• <b>PLWHA:</b> Persons living with HIV/AIDS</li> </ul>		

**Rationale:** In 2011 about 7 million children died before they reached their fifth birthday. Seven in 10 of these deaths were due to acute respiratory infections (mostly pneumonia), diarrhea, measles, and malaria. Malnutrition was a contributing factor in one third of all deaths. Acute respiratory infections (ARI) are the leading cause of death in the developing countries. They are responsible for 1/5 of all deaths in children under 5 years worldwide. Increasing the number of children who receive timely antibiotic treatment for ARI is a WHO recommended proven intervention to decrease childhood mortality due to ARI. Over two million children die as a result of diarrheal disease and dehydration every year. The use of oral rehydration salts (ORS) to combat diarrheal disease is a cost-effective, WHO recommended intervention. In 2008, WHO estimated that 1.5 million of deaths among children under-5 years were due to diseases that could have been prevented by routine vaccination. Measles is the leading cause of vaccine-preventable child deaths. Malaria is both preventable and curable and yet, according to WHO malaria was the cause of an estimated 655 000 deaths, mostly in children worldwide in 2010.

Research has shown that full coverage of key interventions can prevent half of the deaths in under-5s due to common childhood illnesses. The interventions include early & exclusive breastfeeding, adequate complementary feeding, clean delivery, immunization for pregnant women against tetanus toxoid, complete vaccination by 12 months of age, zinc & vitamin A supplementation, newborn temperature management, ORS for diarrhea, antibiotics for sepsis and pneumonia and use of nets and timely use of anti malarial treatment.

#### Measurement Notes:

- 1. 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 names, age, sex, and profession of participants who were trained in modern contraceptive methods will capture the needed data.
- 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:** 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) prevention of common childhood illnesses, 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 1) male and female, and 2) 0-9 years, 10-17 years, 18-24 years, 25+ years.

**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