

<p>STANDARD SECTOR INDICATOR CODE: HE-118</p>	<p>Adopted New Behaviors to Reduce the Risk of Diarrheal Disease in Children: Number of individuals adopting at least 3 new practices to reduce the risk of diarrheal disease in children.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal and Child Health <ul style="list-style-type: none"> • Project Activity Area/Training Package: Infant and Young Child Health • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: Community Care of OVC 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Eligible Individuals</p>	<p>Disaggregation: Sex: Male, Female Age: 0-9 years, 10-17 years, 18-24 years, 25+ years</p>

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

- The individual must have a child between 0-59 months old;
- The parent/caregiver of the child participated in a group with whom the Volunteer worked and/or attended training on the management and prevention of common childhood illnesses.
- 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.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- The individual has adopted or implemented 3 of the 8 behaviors listed below.

Definitions:

Adopting a new behavior is defined as consistently practicing a new behaviors or practice for a period of not less than 30 consecutive days or as appropriate to the situation.

8 Practices to reduce the risk of diarrheal disease are listed below:

1. The last time the child had diarrhea he/she was given ORS for fluid replacement to prevent dehydration
2. The last time the child had diarrhea he/she was given zinc supplementation to reduce the frequency, duration, and severity of diarrheal episodes.
3. The child was vaccinated for rotavirus and/or a measles
4. The mother adopted early exclusive breastfeeding for her child less than 6 months old
5. The child received Vitamin-A supplementation at least once in the past year
6. The individual consistently practiced hand washing before preparing foods for the past 30 days
7. The individual consistently used safe clean water for drinking and preparing foods for the past 30 days
8. The individual took part in promoting community wide sanitation effort at least twice since the last reporting period

If the Volunteer is working with OVCs AND has encouraged and promoted behavior change in caregivers to reduce the risk of diarrhea they should report this under the one care indicator:

- **Orphans and Vulnerable Children:** 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. *H.R. 5501; Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008

- **Caregiver of an OVC:** A parent, guardian, foster parent who has primary responsibility in the home for caring for a child affected by HIV/ AIDS.
- **PLWHA:** Persons living with HIV/AIDS

Rationale: Over two million children die as a result of diarrhea and dehydration every year. In the majority of cases, diarrhea is preventable through exclusive breastfeeding, improved hygiene and sanitation, and access to clean water, ORS, zinc supplementation, and vitamin A supplementation yet it is the leading cause of death among children under five. The introduction of the simple practices listed above will have for an effect on child survival rates.

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—survey—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 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-114: Educated on Prevention of Common Childhood Illnesses**, **HE-115: Able to Identify Symptoms Indicative of the Need to Seek Care for Diarrhea Indicating the Need to Seek Care for the Newborn**, and **HE-117: Demonstrated How to Prepare ORS** which measure the knowledge, attitudes and skills of individuals regarding prevention of diarrhea in children. To measure whether the individual adopted at least 3 new behaviors to prevent diarrheal disease, Volunteers should survey the individual using the survey tool to take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with community members, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the individual first. The same tool used to collect baseline information will be used to take the follow-on measurement (see the bullet on “frequency of measurement”). The follow-on measurement should be taken after the Volunteer has conducted his/her activities (in this case, training on prevention of common childhood illnesses, including diarrhea).

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 measurement (described above), Volunteers should take at least one follow-on measurement with the same individuals, to assess if they have adopted at least 3 new practices to reduce the risk of diarrheal disease in children. 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. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. 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 adopted at least 3 new practices to reduce the risk of diarrheal disease in children as compared to what was measured initially at baseline. In the case of this indicator, if the individual the Volunteer/partner works with already adopted 3 new practices to reduce the risk of diarrheal disease in children before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count 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 decided to adopt at least 3 of these practices that would count because the Volunteer's work influenced this change.
- 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 individuals who, after working with the Volunteer/partner, adopted at least 3 new practices to reduce the risk of diarrheal disease in children. 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 "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