

<p>STANDARD SECTOR INDICATOR CODE: HE-119</p>	<p>Individuals Reporting Their Child Had Diarrhea and Received ORT/S AND They Continued to Give Food: Number of children aged 0-59 months who had diarrhea since the last reporting period, whose parent/caregivers report that they received either oral rehydration therapy/solution or increased fluids AND that they continued to give them food.</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: Children</p>	<p>Disaggregation: Sex: Male, Female Age: 0-11 months, 1 -<5 years</p>

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

- The child must be 0-59 months of age
- The child had diarrhea since the last reporting period, AND
- The child was administered either oral rehydration therapy or increased fluids, (about the same is not sufficient) AND
- The child received about the same amount of food or more, AND
- The mother 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.

Definitions:

Acute diarrhea is defined by the World Health Organization as the abrupt onset of 3 or more loose stools per day.

- The stools of a **breastfed infant** are normal unless they contain mucus or blood or develop a new bad odor.
- **Formula-fed babies** pass 1 to 8 stools per day during the first week, then 1 to 4 per day until 2 months of age. Formula-fed newborns have true diarrhea if the stools abruptly increase in number or looseness and persist for 3 or more stools, become watery or very runny, contain mucus or blood or develop a new bad odor.

Oral rehydration therapy/solutions (ORT/S) are a combination of dry salts and sugars mixed with clean water. WHO and UNICEF recommend a single formulation that contains 75 mEq/l of sodium and 75 mmol/l of glucose, and has a total osmolarity of 245 mOsm/l. In most countries, pre-packed packages of ORS can be found at health centers, pharmacies, markets and shops. Homemade ORS can also effective and can be made with locally available high-fiber vegetables such as rice, sweet potatoes, and bananas cooked with and clean water.

****Country governments may recommend their own recipes for homemade ORS solutions. Posts should feel free to use*

those recipes instead, when applicable.

Increased fluid is defined as giving additional liquids including ORS, gruels, teas, juices, yogurt, boiled water etc.

Continue to feed the child A child with mild or moderate diarrhea who isn't vomiting should continue to eat their usual foods in smaller proportions, including breast milk or formula for infants and milk for kids over 1 year old

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: In 2011 1.6 million children died as a result of diarrheal disease and dehydration. The use of ORT to combat diarrheal disease is a cost-effective, WHO recommended intervention. Diarrhea causes malnutrition and also worsens existing malnutrition. To prevent malnutrition children with diarrhea should be given food as soon as they will eat and should be given extra food after diarrhea stops.

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-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 mothers/caregivers regarding prevention of diarrhea in children. To measure the number of children aged 0-59 months who had diarrhea since the last reporting period, whose caregivers/mothers report that they received either oral rehydration therapy or increased fluids AND that they continued to give them food, Volunteers should survey the mother/caregiver using the sample 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 mothers/caregivers, to assess if:
- The child had diarrhea since the last reporting period, AND
 - The child was administered either oral rehydration therapy or increased fluids, (about the same is not sufficient) AND
 - The child received about the same amount of food or more

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 a mother/caregiver with a child 0-

59 months, who worked with the Volunteer/partner, reported their child had diarrhea and received ORS AND they continued to give food. If the mother/caregiver the Volunteer/partner works with already was giving their child ORS and continuing to feed them when the child had diarrhea before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count the child 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 mother/caregiver began administering ORS and continued to feed their sick child that would count because the Volunteer's work influenced the adoption of this practice.

- 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 children aged 0-59 months who had diarrhea since the last reporting period, whose caregivers/mothers, after working with the Volunteer/partner, report that the child received either oral rehydration therapy or increased fluids AND that they continued to give the child food. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of children aged 0-59 months who had diarrhea since the last reporting period whose caregiver/mother 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 individuals who achieved the outcome based on 1) male and female and 2) 0-11 months and 1<5years.

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: Behavior Change to Improve Health