

Indicator: # of target population reached with individual or small group education on prevention and management of common childhood illnesses (HE_MNCH_114)**HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Output**Unit of Measure:** Individual**Disaggregation:** Sex: Male, Female
Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+**Related Objective:** Increase the knowledge and skills of child caregivers to keep children under 5 healthy (Objective 2)**Precise definitions**

Target population: The population that will most benefit from the activity should be defined by post and the community where the PCVs are placed. In this case, mothers, fathers, or caregivers are most likely a target population, but other target populations, such as grandparents, may also be defined. The targeting should be based on existing data in the community and any formative research, such as Designing for Behavior Change, Participatory Analysis for Community Action (PACA), or other similar tools.

Reached: This indicator is not intended to capture one-time activities or events but should focus on the individuals participating in activities that are ongoing, such as care groups, mother groups, or multisession trainings. Increasing knowledge and changing behavior is a longer-term process and requires multiple interactions with the same individual. While there may be some utility in once-off events, this indicator is focused on those individuals who attend at least 75 percent of the predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.

Prevention of common childhood illnesses: Common childhood illnesses are defined as communicable diseases most commonly experienced by young children. For the purpose of this indicator, this refers to illnesses that are the leading causes of death in children under 5 and that are either preventable or can be easily treated with proven intervention:

- Diarrhea (prevention through water, sanitation, and hygiene [WASH] and treatment with oral rehydration salts)
- Pneumonia (prevention through vaccines and early care seeking if pneumonia is suspected)
- Measles and other vaccine-preventable diseases (focus on prevention by getting children under 5 fully vaccinated)
- HIV (prevention of mother-to-child transmission of HIV, early testing and initiation of antiretrovirals [ARVs] if necessary)
- Malaria (regularly sleeping under insecticide-treated nets, household spraying, prevention of malaria in pregnancy, and early treatment if malaria is suspected)
- Malnutrition (prevention through diverse and sufficient diet, but ongoing screening to ensure it is addressed early)

Management: The target population should be educated on the importance of accessing care from a health facility or trained professional for their children under 5. Care should be sought immediately for symptoms such as difficulty breathing, high fever, signs of dehydration, etc.

Small group or individual session: an intervention delivered in a small group setting. The ideal group size is 25 individuals or less.

Individual session: an intervention that is provided to one individual at a time.

Data collection

Tool: Attendance Tracking Tool for Training on Prevention and Management of Childhood Illnesses

Data should be collected routinely at each training session or meeting, noting which topics related to child health are covered. A PCV should track individuals separately per session to assess how many total sessions each participant attended by the end of the intervention/series. Only individuals attending 75 percent of the sessions should be counted under this indicator. Some basic attributes of each participant should also be tracked for reporting purposes. For this indicator, sex (male/female) and age should be tracked.

The total number attending 75 percent or more will be used to show results for the current fiscal year but will also be used to identify the participants who will be followed up with as part of the Child Health Outcomes Survey three to six months after the intervention. This survey tool should be used three times:

- 1) As a pre-test at the start of the first training session/meeting
- 2) As a post-test at the last session/meeting to assess change during the time of the training
- 3) Three to six months after the training/activity has finished to assess whether knowledge is retained.

This will be used to assess retention of information and whether the individuals actually changed their behavior. Please see the Child Health Outcomes Survey tool for further guidance.

Reporting

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

- The individual should have or be a caregiver for a child under 5.
- The individual attended training on the prevention and management of childhood illness that was facilitated by a PCV and their counterpart.
- The training was provided in an individual or small group setting of 25 individuals or less.
- The individuals attended at least 75 percent of the sessions.
- Attendance at the educational session(s) was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).