

Indicator: # of individuals able to identify at least two symptoms indicative of the need to seek immediate care for acute respiratory infection (HE_MNCH_116)**HEALTH SECTOR** **PROJECT AREA:** Maternal,
Newborn, and Child Health**Type:** Outcome**Unit of Measure:** Individual**Disaggregation:** Sex: M, F
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**

Individuals: The individuals being measured are mothers, fathers, or caregivers that have attended a multisession training on prevention of childhood illness co-facilitated by the PCV and their counterpart or local health staff/volunteer. The individual should have attended at least 75 percent of sessions to be counted in the denominator for HE_MNCH_114: *Number of target population reached with individual or small group education on prevention of common childhood illnesses*, and therefore this indicator.

The WHO Integrated Management of Childhood Illness (IMCI) guidelines for diagnosis of acute respiratory infection are below:

- Children aged 2 months to 5 years exhibit a cough and fast or difficult breathing. Thresholds for fast breathing depend on the child's age. If the child is 2 months to 12 months old, 50 breaths or more per minute is considered fast. If the child is 12 months to 5 years old, 40 breaths or more per minute is considered fast.
- Severe infection is diagnosed if the child exhibits lower chest wall indrawing (when the child's chest moves in or retracts during inhalation) or stridor (a harsh noise made during inhalation).
- Infants under 2 months with signs of pneumonia/sepsis (symptoms lethargy, feeding poorly, grunting, fever) are at risk of suffering severe illness and death more quickly than older children, and should be immediately referred to a hospital or clinic for treatment.

Signs and symptoms indicative of the need to seek immediate care:

- Cough AND fast breathing
- Cough and difficulty breathing (excluding children that had only a blocked nose)
- Lower chest wall indrawing

Data collection

Tool: Child Health Outcome Survey

The Child Health Outcome Survey is intended to be given to the mothers/caregivers who participated in a multisession training focused on preventing and managing childhood illnesses facilitated by the PCV and their counterpart. This survey tool should be used three times:

- 1) As a pre-test at the start of the first training session/meeting;

- 2) It should then be given a second time at the last session/meeting to assess change during the time of the training; and
- 3) It should be given a final time three to six months after the training/activity has finished to assess whether knowledge is retained.

All mothers/caregivers should be given the pre-test and post-test (#2 above). Only those mothers/caregivers who have attended at least 75 percent of the defined information sessions should be included in the survey three to six months afterwards. If a PCV is going to COS or other factors will not allow for this, a survey could be conducted earlier, but some indicators may need to be removed. For example, the indicator around Pentavalent vaccine is time bound and not enough time may have passed to measure it accurately. While it is the mother/caregiver given the survey, many of the questions are focused on the child/infant. The survey should be conducted by the PCV and their counterpart or co-facilitator of the group, following the instructions provided in the outcome survey tool closely. The survey should only include the topics that were included in the training on preventing and managing child illnesses. Questions should be removed from the survey if not discussed in the training.

Reporting

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

- The women/father/caregiver attending the training have children under 5 years of age.
- The individuals received at least 75 percent of the training sessions and/or information offered on prevention of childhood illnesses.
- The information was provided by the PCV or their partner in an individual or small group setting of 25 people or less.
- Attendance at each session was documented by the Volunteer or their partner.