

Indicator: # of children who have received all three doses of the pentavalent vaccine by the age of 12 months (HE_MNCH_245)**HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Outcome**Unit of Measure:** Individual**Disaggregation:** Sex: M, F**Related Objective:** Increase the knowledge and skills of child caregivers to keep children under 5 healthy (Objective 2)**Precise definitions**

Children: The individuals being measured are children under the age of 5 in the household. This question is a bit complicated since it is referencing the past. This activity—receiving all three doses of the pentavalent vaccine—had to have happened before the child’s first birthday. The individual being interviewed will be the mother, father, or caretaker of the child and will answer on their behalf. Individuals attending at least 75 percent of a multisession training on the prevention of childhood illness co-facilitated by a PCV and their counterpart or local health staff/volunteer should be interviewed.

Pentavalent vaccine: Pentavalent combines five different vaccines in a single vial. It protects against five diseases: diphtheria, pertussis (whooping cough), tetanus, hepatitis B and *Haemophilus influenzae* type B (Hib). Pentavalent vaccine is a successor to the diphtheria-tetanus-pertussis (DTP) vaccine. It was introduced to boost coverage of hepatitis B and Hib vaccines by making them part of routine immunization. A child is required to have three separate shots within the first year to make it fully effective.

For details on WHO recommendations:

http://www.who.int/immunization/policy/Immunization_routine_table2.pdf?ua=1**Data collection****Tool:** Child Health Outcomes Survey

The Child Health Outcomes 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) 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

All mothers/caregivers should be given the pre-test and post-test. Only mothers/caregivers who attended at least 75 percent of the defined information sessions should be included in the survey three to six months afterward. If the timing of a PCV’s close of service (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 outcomes 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 woman/father/caregiver attending the training has children under 5 years of age.
- The individual attended at least 75 percent of the training sessions and/or information offered on prevention of childhood illnesses.
- The information was provided by a PCV or their partner in an individual or small group setting with 25 people or less.
- Attendance at each session was documented by the Volunteer or their partner.