

**Indicator: # of households that have oral rehydration salts (ORS) (HE\_MNCH\_246)****HEALTH SECTOR** **PROJECT AREA:** Maternal,  
Newborn, and Child Health**Type:** Outcome**Unit of Measure:** Household**Disaggregation:** None**Related Objective:** Increase the knowledge and skills of child caregivers to keep children under 5 healthy (Objective 2)**Precise definitions**

**Household:** a person or a group of persons, related or unrelated, who live together in the same dwelling unit, who make common provisions for food and regularly take their food from the same pot or share the same grain store, or who pool their income for the purpose of purchasing food.

A household should only be included if the mother, father, or caregiver attended 75 percent of a multisession training on prevention and management of childhood illness co-facilitated by the PCV and their counterpart or local health staff/volunteer.

**Oral rehydration salts:** Acute diarrheal diseases are one of the leading causes of mortality in infants and young children in many developing countries. In most cases, death is caused by dehydration. Dehydration from diarrhea can be prevented by giving extra fluids at home, or it can be treated simply, effectively, and cheaply in all age groups and in all but the most severe cases by giving patients an adequate glucose-electrolyte solution by mouth. ORS is the most common balanced mixture of glucose and electrolytes recommended by WHO and UNICEF.

**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 who is 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 of 25 people or less.
- Attendance at each session was documented by the Volunteer or their partner.