

Indicator: # of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs**STANDARD SECTOR****HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**INDICATOR CODE:**

HE_MNCH_255_FTF

Type: Output**Unit of Measure:** Individual**Disaggregation:****Sex:** M, F**Related Objective:** Increase the knowledge and skills of child caregivers to keep children under 5 healthy (Obj. 2)**Precise definitions**

Children Under 2: This indicator captures the children reached from birth to 23 months, and a separate standard indicator will count the number of pregnant women reached by Peace Corps programs (HE_MNCH_253_FTF). Children are counted as reached if their mother/caregiver participated in a community-level nutrition program.

Reached: This indicator is not intended to capture one-time activities or events but should focus on caregivers/children participating in activities that are ongoing, such as care groups, mothers groups, etc. 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 a number of predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.

Community-level Nutrition Interventions:

Community-level nutrition activities should always include social and behavior change communication interventions focused on key maternal and infant and young child nutrition practices. Common strategies to deliver community-level interventions include The Care Group Model, Mothers' Support Groups, Husbands' Groups (École des Maris), and PD Hearth for malnourished children. Community-level nutrition activities should coordinate with public health and nutrition campaigns such as child health days and similar population-level outreach activities conducted at a national (usually) or subnational level at different points in the year, but can not solely consist of once off activities.

Children under 2 reached only by population-level campaigns should not be counted under this indicator. Children reached solely through community drama, comedy, or video shows should not be included. Facility-level Interventions that are brought to the community-level may be counted as community-level interventions if these involve multiple, repeated contacts with the target population (e.g. services provided by community-based health extension agents, mobile health posts).

USG-supported programs: Values reported should reflect countrywide results in Feed the Future focus countries; results should not be restricted to only those achieved in the Feed the Future Zone of Influence.

Data collection

Tool: Child Health Attendance Tracking Tool, Feed the Future Tab

Data should be collected routinely at each session covering topics related to child health. A PCV should track individuals separately per session to assess how many total sessions each participant attended by the end of the intervention. Feed the Future countries should use the “FTF” tab of the workbook to track this specific indicator, including the specific type of service received.

A caregiver or child under 2 years reached at the community level should be counted under this indicator (HE_MNCH_255_FTF Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs). A child may also be counted under HE_MNCH_252_FTF Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs, if receiving specific nutrition interventions.

Children are counted as reached if their mother/caregiver participated in the community-level nutrition program. If, after birth, the child benefits from the intervention, then the child should be counted—regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Children reached by community-level nutrition programs should be counted only once per reporting year, regardless of the number of contacts with the child.

Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the age disaggregates.

Reporting

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

- Individuals received community-level interventions around essential infant and young child feeding behaviors that was facilitated by a PCV and their counterpart.
- The intervention was provided by the PCV and their counterpart in an individual or small group setting of 25 individuals or less.
- Individuals attended at least 75 percent of the sessions.
- Attendance at the training/educational sessions was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).

Data will be aggregated over the reporting period, counting each participant only once during the fiscal year (October 1–September 30). For example, if a caregiver/child attended 10 different child health-care sessions over five months, they would only be counted once under this indicator within the fiscal year. If they continue to attend another group in the following year, they could be counted again, as one individual, under the same indicator in the VRT for the following fiscal year.