STANDARD SECTOR INDICATOR CODE: HE-115	**Able to Identify Symptoms Indicative of the need to Seek Care for Diarrhea:** Number of individuals able to identify at least 3 symptoms indicative of the need to seek immediate care for diarrhea.	

HEALTH SECTOR	**Sector Schematic Alignment**
	• **Project Area:** Maternal, Neonatal and Child Health
	  • **Project Activity Area/Training Package:** Infant and Young Child Health
	• **Project Area:** HIV Mitigation
	  • **Project Activity Area/Training Package:** Community Care of OVC	

Type: Short-term Outcome	**Unit of Measure:** Individuals	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-17 years, 18-24 years, 25+

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

- The individual must have attended training on prevention of common childhood illnesses, to include the management and prevention of diarrhea
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- Based on results of a pre and post test, the individual must be able to identify at least 3 symptoms indicative of the need to seek immediate care for diarrhea

Definitions:

Symptoms Indicative of the need for the parent or caregiver to seek immediate care with a health care provider for diarrhea and/or resulting dehydration.

If a child:

- Has difficulty with intake of ORS or other fluids AND shows symptoms of moderate dehydration* (sunken eyes and/or decreased skin elasticity)
- Shows symptoms of severe dehydration *(diminished consciousness, rapid and feeble pulse, pale skin, most cool skin)
- Has bloody diarrhea with or without severe malnutrition
- Has acute watery (rice water) diarrhea
- If breast fed infant unable to feed
- Has a fontanel that is very sunken (present only in infants under 18 months of age)
- Crying without tears

***** The individual must be able to identify the symptoms of moderate or severe dehydration, for example sunken eyes or loss of skin elasticity or diminished consciousness.

For programs working with OVCs, PLWH, and children affected by AIDS this indicator should be disaggregated by the following target populations:

- **Orphans and Vulnerable Children:** Children affected by AIDS, often referred to as orphans and vulnerable

children (OVC), are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects. **H.R. 5501; Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008*

- **Caregiver:** A parent, guardian, foster parent who has primary responsibility for the child in the home.
- **PLWHA:** Persons living with HIV/AIDS

Rationale: In 2011 1.6 million children died as a result of diarrheal disease and dehydration. Death can follow severe dehydration if body fluids and electrolytes are not replenished, either through the use of oral rehydration salts (ORS) solution, or through an intravenous drip. The use of ORT to combat diarrheal disease is a cost-effective, WHO recommended intervention. Death from dysentery is caused by damage to the intestine, systemic infection and malnutrition. Diarrhea causes malnutrition and also worsens existing malnutrition. To prevent malnutrition children with diarrhea should be given food as soon as they will eat and should be given extra food after diarrhea stops.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—pre/post-test—though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see **Appendix I in the MRE Toolkit**. Also be sure to check **this link** on the intranet page as sample tools are regularly uploaded for post use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on "frequency of measurement").

3. **Activity-Level Baseline Data Collection:** This indicator builds off of indicator **HE-114: *Educated on Prevention of Childhood Illnesses***, as it measures an increase in knowledge following a learning event on childhood illnesses. Therefore, baseline data collected in the form of a pre-test for HE-114 would apply to this indicator as well.

   Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the "unit of measure" above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at "0." It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take

at least one follow-on measurement with the same individual(s), to assess whether they are able to correctly identify at least 3 symptoms indicative of the need to seek immediate care for diarrhea. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is an individual was able to identify at least 3 symptoms indicative of the need to seek immediate care for diarrhea, including if a child:
   - Has difficulty with intake of ORS or other fluids AND shows symptoms of moderate dehydration (sunken eyes and/or decreased skin elasticity)
   - Shows symptoms of severe dehydration (diminished consciousness, rapid and feeble pulse, pale skin, most cool skin)
   - Has bloody diarrhea with or without severe malnutrition
   - Has acute watery (rice water) diarrhea
   - If breast fed infant unable to feed
   - Has a fontanel that is very sunken (present only in infants under 18 months of age)
   - Crying without tears

   In the case of this indicator, if the person the Volunteer/partner works with identified at least three symptoms indicative of the need to seek immediate care for diarrhea during the pre-test, then the Volunteer would not be able to count him/her for this activity because the person already had this knowledge prior to working with the Volunteer. However, if as a result of working with the Volunteer/partner, the individual ‘s knowledge on the these symptoms increased, that would count because the Volunteer’s work provided the individual with the training needed to be able to identify at least 3 symptoms indicative of the need to seek immediate care for diarrhea.

6. **General Reporting in the VRF**: The “number achieved” (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of individuals who , after working with the Volunteer/partner, identified at

least 3 symptoms indicative of the need to seek immediate care for diarrhea. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female, and 2) 0-9 years, 10-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No link