**Programmatic steering**

**Indicator Reference Sheet**

**Health]** program

**[Outcome]** O2: Improved healthy behaviors among mothers and other caregivers with a focus on optimal child feeding and hygiene practices and appropriate health seeking behaviors.

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| Indicator Title | 2.4. The Proportion of children under 5 years of age with diarrhoea treated with oral rehydration therapy (ORT) and/or zinc.  “ORT and/or Zinc use rate” |
| Definition | The proportion of children under 5 years of age with diarrhoea in the last two weeks receiving ORS (fluids made from ORS packets or pre-packaged ORS fluids) and/or zinc supplements.  The commonly accepted definition of “diarrhoea” is three or more loose or watery stools during a 24-hour period (WHO).  Oral Rehydration Salts (ORS) refer to a balanced mixture of glucose and electrolytes for use in treating and preventing dehydration, potassium depletion, and base deficit due to diarrhoea. When ORS is dissolved in water, the mixture is called ORS solution. |
| What does the indicator measure exactly | Diarrhoea is one of the leading causes of under-five child mortality globally and a leading cause of under-five child malnutrition. An estimated 760’000 children die annually of diarrhoea l disease This indicator measures the extent to which home and health facility treatment practices for childhood diarrhoea reflect the WHO/ UNICEF (2005) joint recommendations that children receive collectively ORS and zinc supplements for treatment of diarrhoea. Increases in the use of ORT have been associated with marked falls in the annual number of deaths attributable to diarrhea among children under five years in some developing countries (Victora, Bryce, Fontaine, and Monasch, 2000). A meta-analysis of acute and persistent diarrhoea showed a 15% reduction in the duration of acute diarrhoea and a 24% reduction in the duration of persistent diarrhoea, as well a reduction in the severity of diarrhoea episodes, among children receiving zinc supplementation compared with children receiving a placebo. Children receiving zinc supplementation for 10- 14 days also showed greater resistance to new episodes of diarrhoea in the two to three months following the full treatment and enhanced overall immune function (Zinc Investigators’ Collaborative Group, 1999; 2000). Widespread use of ORS and zinc supplementation for diarrhoea treatment is estimated to prevent 88% of diarrhea deaths ( Jones, Steketee, Black et al., 2003). |
| Unit and disaggregation | Unit: Percentage.  Disaggregation: Place of residence, sex, socioeconomic status depending on the source of data. |
| Calculation modalities | Number of children under 5 years of age with diarrhoea in the two weeks preceding the survey given fluid from ORS packets or pre-packaged ORS fluids and/or zinc supplements x 100/ Number of children with diarrhoea in the two weeks preceding the survey. |
| Baseline | Baseline and endline studies through cross sectional household surveys. |
| Data collection, sources and methods | Population based (household) Surveys employing representative samples. |
| Population based survey: caretakers of children under five years old are asked whether the child experienced an episode of diarrhoea in the last two weeks and if so, what was given to treat the diarrhoea. If fluid is mentioned the caretaker is asked if the fluid was made from the contents of an ORS or a fluid made from ingredients available in the home and recommended for use as ORT by the national diarrheal disease control program. The instructions for which ingredients to use in the recommended home fluid may vary from country to country. If zinc supplementation is not spontaneously mentioned, the caretaker is asked specifically whether the child received zinc supplements. The caretaker may be shown a sample of zinc tablets or syrup and asked to report whether this treatment was given to the child. A multi-stage, stratified sampling design will be used to select mothers from eligible women. Sampling of households will be based on probability proportional to size (PPS) thus ensuring villages with bigger populations had more sampled households. A structured questionnaire (adaptation of demographic health survey) will be used to collect data from respondent. |
| Data collection & processing : M&E assistants with support of M&E officers and project managers  Data analysis & interpretation : project manager, M&E officers with support of health coordinators, regional or M&E advisors |
| Frequency and timing | Population based surveys: biennial (every 2 years). More frequent surveys are probably not desirable because the survey periods may overlap and sampling error makes it difficult to assess whether small changes are real or are due to chance variation. |
| Data quality issues | This indicator is easy to measure. It assumes caretaker and community awareness of ORT and Zinc use. The use of a two-week reference period to ascertain the occurrence and treatment of diarrhoea decreases problems of recall. However, the indicator does not capture timely treatment of diarrhoea, that is, whether ORT and/or zinc were provided as soon as the episode of diarrhoea started. The indicator does not also measure whether ORT was prepared appropriately (electrolyte concentration in the case of ORS) or whether ORT and/or zinc was/were administered correctly (ORT in sufficient volume; correct dose of zinc and duration of zinc supplementation) to prevent dehydration.. It also does not take into account the severity of illness.  Diarrheal disease prevalence is also influenced by season, generally being more prevalent in the rainy seasons. Therefore, surveys must occur in the same seasons to be comparable.  For record to be a reliable data source, staff must fill the record out consistently and accurately. Ideally, the recording form will specify the standards, will facilitate accurate charting, and will stimulate appropriate actions. |
| Analysis & Interpretation | The use of ORS and/or Zinc should be analysed and interpreted with along other information such as rotavirus vaccination and improved safe water, sanitation and hygiene. |
| Resources | Under the technical assistance of HQ, Tdh M&E and operational teams in each delegation should work closely with health authorities to collect and interpret the data. Countries understaffed and/or with limited capacity to conduct household surveys, should consider using a consultant.  Funding needed: routine monitoring, baseline and endline studies, delegation M&E staff and HQ technical support |
| Other | Any other  question / comments |