*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator:** Treatment of diarrhea: Oral rehydration solution (ORS) |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):** Caregivers provide appropriate treatment for children with diarrhea at onset of symptoms  |
| **Is this a Performance Plan and Report Indicator?**  No [x]  Yes [ ]  for Reporting Year(s)\_\_\_\_\_\_ **If yes, link to foreign assistance framework:**  |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of children born in the five years preceding the survey with diarrhea in the two weeks preceding the survey who received oral rehydration solution (ORS), that is either fluid from an ORS packet or a pre-packaged ORS fluidCalculated:* Numerator: Number of children born in the five years preceding the survey with diarrhea in the two weeks preceding the survey who received oral rehydration solution (ORS), that is either fluid from an ORS packet or a pre-packaged ORS fluid
* Denominator: Total number of children under age five who had diarrhea in the two weeks preceding the survey
 |
| **Unit of Measure:** Percentage of children |
| **Data Type:** Percentage |
| **Disaggregated by:**  |
| **Rationale for Indicator***(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/diarrhea>). Timely and appropriate treatment for diarrhea can prevent 93% of deaths due to diarrhea among children (<http://ije.oxfordjournals.org/content/39/suppl_1/i75.full>). This is an occasional behavior that needs to be practiced without hesitation at the onset of diarrhea. The mortality risk of diarrhea derives from dehydration, which can be prevented simply and cheaply at home with an adequate glucose-electrolyte solution called Oral Rehydration Salts (ORS) solution (<http://www.who.int/maternal_child_adolescent/documents/fch_cah_06_1/en/>). This solution is typically readily available in the marketplace in developing countries.This indicator is considered a proxy for a more ideal indicator for which data are not readily available in all DHS countries: Percentage of children born in the five years preceding the survey with diarrhea in the two weeks preceding the survey who received oral rehydration solution (ORS) in conjunction **with Zinc**. The addition of Zinc supplementation to ORS treatment can reduce the duration and severity of diarrhea episodes and the risk of subsequent infections for 2–3 months (<http://www.who.int/elena/titles/bbc/zinc_diarrhoea/en/>). Treatment with ORS and Zinc are typically recorded as separate indicators by DHS, though some country reports opt to analyze them together.  |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source.** Demographic and Health Survey Program (DHS), indicator ID: CH\_DIAT\_C\_ORS. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Secondary source: UNICEF Multiple Indicator Cluster Survey (MICS). |
| **Method of Data Collection and Construction:** DHS Household survey, Woman’s Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |

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| **Reporting Frequency:** Approximately every 5 years |
| **Individual(s) Responsible for at USAID:**  |
| **TARGETS AND BASELINE** |
| **Baseline Timeframe:**  |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessment and Name(s) of Reviewer(s):**  |
| **Date of Future Data Quality Assessments** *(optional)****:***  |
| **Known Data Limitations** *(optional)***:** Validity: While proven to be highly effective, ORS alone is not as effective in reducing child mortality risk from diarrhea as ORS plus Zinc supplementation. It is preferable that new surveys and analyses measure both treatments taken in conjunction. Both indicators are typically captured separately in DHS, and combined treatment may be assessed in special analysis of DHS datasets and may at times be available in DHS country reports. Reliability: Measuring diarrheal episodes to comprise the denominator, even when restricted to two-week recall, is subject to a number of challenges that have been well documented (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3235024/>). A mother’s ability to detect and recall diarrhea episodes may be limited for older children who defecate without assistance. Similarly, some mothers may not be able to distinguish diarrhea from regular feces for babies. Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:**  |
| **This Sheet Last Updated On:** December 22, 2017 |