

APPROPRIATE TREATMENT OF DIARRHOEA - ORS

Outcome indicator, Output indicator

Indicator Phrasing

English: % of children aged 8 - 23/ 59 months with diarrhoea in the last 2 weeks who were treated with correctly made oral rehydration solution (ORS)

French: % d'enfants âgés de 8 à 23 /59 mois atteints de diarrhée au cours des 2 dernières semaines qui ont été traités avec une solution de réhydratation orale (SRO) correctement préparée

Portuguese: % de crianças com idades entre 8 - 23/59 meses com diarreia nas últimas 2 semanas foram tratadas com uma solução de reidratação oral (SRO) corretamente preparada

Czech: % dětí ve věku 8 - 23/ 59 měsíců trpících během uplynulých 2 týdnů průjmem, které byly léčeny správně připraveným perorálním rehydratačním roztokem

What is its purpose?

The indicator measures the proportion of children with diarrhoea who were treated with ORS either purchased in a sachet or prepared at home according to local health professionals' recommendations (usually 6 level teaspoons of sugar and 1/2 level teaspoon of salt dissolved in 1 liter of drinking water).

How to Collect and Analyse the Required Data

Collect the following data by conducting individual interviews with a [representative sample](#) of the primary caregivers (mainly mothers).

RECOMMENDED SURVEY QUESTIONS (Q) AND POSSIBLE ANSWERS (A)

(ask the questions only if the child has [had diarrhoea](#) in the last two weeks)

Q1: *When your child had diarrhoea, was s/he given any treatment?*

A1: yes / no / does not remember / not applicable

(ask the following question only if the previous answer is YES)

Q2: *What kind of treatment did you provide for her/him?*

A2:

- 1) homemade ORS
- 2) pre-packaged ORS
- 3) other government-recommended homemade fluid
- 4) local herbs
- 5) other - specify:
- 6) does not remember

(ask the following question only if the previous answer was 1 or 2)

Q3: *How did you prepare ORS?*

A3: ORS was prepared correctly / ORS was NOT prepared correctly

(ask the following question only if the answer to Q2 was 1 or 2)

Q4: *What kind of water did you use for preparing ORS?*

A4:

- 1) water from a tube well or borehole
- 2) water from a protected shallow well
- 3) water from harvested rainwater
- 4) water from piped water/public tap
- 5) water from a protected spring
- 6) water from a surface water source (river, stream, pond, puddles, unprotected spring)
- 7) water from unprotected/ open shallow well
- 8) water from a cart with a small tank/drum
- 9) water from tanker-truck
- 10) other:
- 11) does not remember

NOTES:

- i) only options 1 – 5 count as “safe water sources”
- ii) adjust the pre-set answers according to the local context

iii) do not read the re-defined answers

ORS was '**correctly prepared**' if it was mixed in the right quantity (see below) with water from safe sources.

To **calculate the indicator's value**, divide the number of children treated with 'correctly prepared' ORS by the total number of surveyed children. Multiply it by 100 to convert it to a percentage.

Disaggregate by

[Disaggregate](#) the data by gender and age groups.

Important Comments

1) This indicator relies on an accurate age assessment. Since people often do not remember the exact dates of their children's birth, the data collectors should **always verify the child's age**. This can be done by reviewing the child's birth certificate, vaccination card or another document; however, since many caregivers do not have such documents (and since they can include mistakes), it is essential that your data collectors are able to **verify the child's age by using local events calendars**. Read FAO's Guidelines (see below) to learn how to prepare local events calendars and how to train data collectors in their correct use.

2) Ensure that all data collectors have **the same and correct understanding of what "ORS was prepared correctly" means** - ask local health facilities about how exactly they recommend for local caregivers to prepare ORS. For homemade ORS, the most common recommendation is to dissolve 6 level teaspoons of sugar and 1/2 level teaspoon of salt in 1 litre of clean water (another option is to use [ORS measuring spoons](#)). For pre-packed ORS, follow the guidance provided on the packets.

3) Assess whether local health facilities recommend **other medicine than ORS** - if so, specify it in the questionnaire.

4) In the local context, **ORS can have a different name** - make sure that you use it in your questionnaire.

5) If you know that the vast majority of respondents use potable water, you do not need to ask the last question.

6) Adding too much sugar into ORS can worsen the diarrhoea; adding too much salt can be extremely harmful to the child - therefore, **always include Q3**.

7) Most likely, only a small part of the assessed children had diarrhoea which means that you will be able to ask these questions only to a limited number of caregivers, resulting in lower

representativeness. Therefore, if possible, **use a larger sample of respondents.**

8) Consider assessing also the percentage of children with diarrhoea who received: i) correctly prepared ORS and **more fluids** ([see the relevant indicator](#)), ii) a higher amount of food ([see the relevant indicator](#)) and iii) correctly prepared **ORS, more fluids and the same or a higher amount of food** (i.e. the most recommended treatment).

E-Questionnaire

- [XLS form for electronic data collection - indicator Appropriate Treatment of Diarrhoea - ORS](#)

Access Additional Guidance

- [Rehydration Project](#)

- FAO (2008) [Guidelines for Estimating the Month and Year of Birth of Young Children](#)