Children under five years of age with diarrhoea who received ORT

Rationale for use

Diarrhoeal diseases remain one of the major causes of under-five mortality, accounting for 1.8 million child deaths worldwide, despite all the progress in its management and the undeniable success of the oral rehydration therapy (ORT). Therefore, the monitoring of the coverage of this very cost-effective intervention is crucial for the monitoring of progress towards the child survival related millennium development goals (MDGs) and strategies.

Definition

Proportion of children aged 0-59 months of age who had diarrhoea in the last two weeks and were treated with oral rehydration salts or an appropriate household solution (ORT)

Associated terms

**Diarrhoea** - according to DHS, the term(s) used for diarrhoea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc. It encompasses the mother’s definition as well as the “local term(s)”.

Treated - electrolyte solution received by the child.

Appropriate household solution - such definition may vary between countries.

Data sources

Household surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Methods of estimation

Empirical data.

Disaggregation

By age, location (urban/rural, major regions/provinces), and socio-economic characteristics (e.g. mother’s education level, wealth quintile).

References


**Data base**

- Demographic and Health Surveys (DHS). (http://www.measuredhs.com)

- Multiple Indicator Cluster Surveys (MICS). (http://www.childinfo.org/MICS2)

**Comments**

The framework for the discussion and review of child health indicators in the UNICEF/WHO Meeting on Child Survival Survey-based Indicators was the set of prevention and treatment interventions outlined in the Lancet series on child survival. These indicators are usually collected in DHS and MICS surveys; however the accuracy of reporting in household surveys varies and is likely to be prone to recall bias. Also, seasonal influences related to the prevalence of diarrhoeal disease may affect the results of data collection for this indicator. Therefore, the comparability of results across countries and over time may be affected. Moreover, frequent changes in the definition of this indicator have seriously compromised the ability to reliably assess trends over time.

There are two specific limitations with some of the associated terms of this indicator: (i) discussions have been held on whether treated should be considered when the electrolyte solution was “given”, “received”, “ingested”, or “offered” to the child; and (ii) comparability of data on appropriate household solution.