

CONSUMPTION OF VITAMIN A RICH FOODS AMONG CHILDREN

Outcome indicator

Indicator Phrasing

English: % of children aged 6–23/59 months who consumed a vitamin A rich food the previous day or night

French: % d'enfants âgés de 6 à 23/59 mois ayant consommé des aliments riches en vitamine A le jour ou la nuit précédents

Portuguese: % de crianças com idades entre 6 - 23 meses que consumiram alimentos ricos em vitamina A no dia ou noite anteriores

Czech: % dětí ve věku 6-23/59 měsíců, které během uplynulého dne a noci konzumovaly na vitamín A bohatou potravinu

What is its purpose?

The indicator measures the proportion of children who in the past day or night consumed any vitamin A rich food. It does not measure the quantity. Vitamin A deficiency is the leading cause of preventable blindness in children and increases the risk of health and life-threatening diseases and infections. According to WHO, up to 500,000 vitamin A-deficient children become blind every year, half of them dying within 12 months of losing their sight.

How to Collect and Analyse the Required Data

There are **two ways of gaining the required data:**

- > extracting it from your assessment of children's overall dietary diversity
- > assessing the consumption of vitamin A rich foods only

A) Extracting the Data from an Overall Dietary Diversity Survey

1) If your survey involves collecting data for [IDDS](#) or [MDD-C](#) indicators, ensure that all consumed meals are *initially* categorized into the first fourteen food groups listed in FAO's [Guidelines for Measuring Household and Individual Dietary Diversity](#) (page 8). Later, when calculating IDDS or MDD-C, you can group them to the required 7 (for children aged 6-23.99 months) or 9 food groups (for children aged 24-59.99 months).

2) Identify the number of children who consumed any of the foods included in the vitamin A rich food

groups listed in FAO's Guidelines (page 27).

3) **Calculate the indicator's value** by dividing the number of children who consumed a vitamin A rich food the previous day or night by the total number of surveyed children. Multiply the result by 100.

B) Assessing the Consumption of Vitamin A Rich Foods Only

1) Follow the same methodology used by [IDDS](#) for assessing the foods eaten during the previous day or night. However, instead of categorizing the consumed foods into the usual 7 or 9 food groups, use the first fourteen categories listed in [FAO's Guidelines](#) (page 8).

2) If a child consumed any of the foods included in the vitamin A rich food groups listed in FAO's Guidelines (page 27), s/he can be considered as having "consumed a vitamin A rich food".

3) **Calculate the indicator's value** by dividing the number of children who consumed a vitamin A rich food the previous day or night by the total number of surveyed children. Multiply the result by 100.

Disaggregate by

1) The data required for this indicator is **prone to seasonal variations**. Do your best to collect baseline and endline data in the same period of a year; otherwise it is very likely that they will not be comparable.

2) Vitamin A is a fat-soluble vitamin and therefore needs to be consumed with fat in order to be effectively absorbed. Consider including in your survey questions assessing whether the vitamin A rich foods consumed by the child were eaten with or without fats. For example, *"Was the spinach your child ate prepared with or without any fats or oils?"*

3) This indicator relies on accurate age assessment. Since people often do not remember the exact dates of their children's birth, the data collectors should **never rely solely on the information provided by caregivers and always verify the child's age**. This can be done by reviewing the child's birth certificate or other documents. However, since many caregivers do not have such documents, it is essential that your data collectors are able to **determine 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.

4) Make sure that you **do not collect data during the fasting periods** (such as pre-Easter or Ramadan) **or during fasting days**.

Important Comments

1) The data required for this indicator is **prone to seasonal variations**. Do your best to collect

baseline and endline data in the same period of a year; otherwise it is very likely that they will not be comparable.

2) Vitamin A is a fat-soluble vitamin and therefore needs to be consumed with fat in order to be effectively absorbed. Consider including in your survey questions assessing whether the vitamin A rich foods consumed by the child were eaten with or without fats. For example, *“Was the spinach your child ate prepared with or without any fats or oils?”*

3) This indicator relies on accurate age assessment. Since people often do not remember the exact dates of their children’s birth, the data collectors should **never rely solely on the information provided by caregivers and always verify the child’s age**. This can be done by reviewing the child’s birth certificate or other documents. However, since many caregivers do not have such documents, it is essential that your data collectors are able to **determine 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.

4) Make sure that you **do not collect data during the fasting periods** (such as pre-Easter or Ramadan) **or during fasting days**.