STANDARD SECTOR INDICATOR CODE: HE-001	**Educated on Non-Communicable Diseases (NCDs)** - Number of targeted population reached with individual or small group level education on non-communicable diseases and risk factor reduction	
HEALTH SECTOR	**Sector Schematic Alignment** **Project Area:** Life Skills for Healthy Behaviors **Project Activity Area/Training Package:** NCD Mitigation and Nutrition	
Type: Output	**Unit of Measure**: Targeted population	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-17 years, 18-24 years, 25+ years

To be counted for this indicator the following criteria must be met:
1. The individual must have participated in at least one training session on non-communicable diseases and their prevention.
2. The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
3. Attendance at educational session/s and topics covered must be documented by the Volunteer or their partner.

Definitions:
Non-Communicable Diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Risk factors cause or increase the risk of developing a NCD. Modifiable behavioral risk factors include tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol. These behaviors lead to four key metabolic/physiological changes that increase the risk of NCDs: raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood). In terms of attributable deaths, the leading NCD risk factor globally is elevated blood pressure (to which 13% of global deaths are attributed), followed by tobacco use (9%), raised blood glucose (6%), physical inactivity (6%), and overweight and obesity (5%). Low - and middle-income countries are witnessing the fastest rise in overweight young children.

The four modifiable behaviors that contribute most to NCDs are:
1. **Tobacco use** is defined as including smoking cigarettes, pipes and cigars, and use of smokeless tobacco (chewing tobacco and snuff)
2. **Physical inactivity** is defined as not doing regular sustained physical activity of any intensity lasting 30 minutes or more 5 times a week.
3. **Unhealthy diet** is defined as is a nutrient imbalance that adversely affects the body producing symptoms ranging from deficiencies and diseases to weight problems. An unhealthy diet often times is characterized by excessive consumption of sugars, fats and salt and low in fresh fruit and vegetables
4. **Harmful use of alcohol** encompasses several aspects of drinking.
   o One is the volume drunk over time. The strongest drinking-related predictor of many chronic illnesses is the cumulated amount of alcohol consumed over a period of years. For Females, excessive consumption of alcohol is defined as greater than 3 alcoholic drinks on any one day or 7 per week. For men, excessive alcohol consumption is more than 4 drinks on any day or 14 per week;

- o The pattern of drinking, in particular occasional or regular drinking to intoxication;
- o The drinking context, which may increase the risks of intentional and unintentional injuries and of transmission of certain infectious diseases; and
- o The quality of the alcoholic beverage or its contamination with toxic substances such as methanol.

Rationale: NCDs are the leading cause of death globally. Of the 57 million deaths that occurred globally in 2008, 36 million were due to NCDs, mainly comprised of cardiovascular diseases, cancers, diabetes and chronic lung diseases. Data from 2008 show that nearly 80% of NCD deaths occurred in low-and middle-income countries.

NCDs are caused, to a large extent, by four behavioral risk factors: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. Therefore, effective interventions targeting individual lifestyle changes such as tobacco cessation, alcohol reduction, healthier eating and greater physical activity are critical to reducing the burden of NCDs.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names and sex of participants who were trained in NCDs, risk factors that cause NCDs, and modifiable behaviors to prevent NCDs will capture the needed data. For this Standard Sector Indicator, a tracking sheet that collects the following data should be developed as it will help the Volunteer report in the VRF:
   a. The name/title of the intervention/project
   b. The start and end date
   c. A brief description of the activities of the intervention
   d. Names of organizations/partners collaborated with when implementing the intervention
   e. Beneficiaries – *see disaggregation*

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).

3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators on NCDs.

4. **Frequency of measurement:** An output indicator only needs to be measured once — in this case, every time the Volunteer holds a training event (or series of events) on NCDs or associated risk factors, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on any participants in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least "75% of the training" or "5 out of 7 days of the training." If a specific

requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).

6. **Reporting**: In the VRF, the Volunteers will report the number of targeted population reached with individual or small group level education on non-communicable diseases and risk factor reduction in the box labeled "Total #."

7. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the total number of male individuals by 0-9 years, 10-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-17 years, 18-24 years, 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No Link