STANDARD SECTOR INDICATOR CODE: HE-002	**Showed Improvement in Knowledge of Non-Communicable Diseases (NCDs) -** Number of individuals who are able to identify the four behaviors that contribute most to the development of non-communicable diseases	
HEALTH SECTOR	**Sector Schematic Alignment** **Project Area:** Life Skills for Healthy Behaviors **Project Activity Area/Training Package:** NCD Mitigation and Nutrition	
Type: Short-term Outcome	**Unit of Measure**: Individuals	**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:

- The individual must have participated in at least one training session on non-communicable diseases and their prevention.
- 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.
- Attendance at educational session/s and topics covered must be documented by the Volunteer or their partner.
- The individual must have improved their knowledge on behavioral risk factors of NCDs through a pre/post-test or some other method of assessment.
- The individual must correctly identify all 4 behaviors that contribute most to the development of non-communicable diseases.

The four modifiable behaviors that contribute most to NCDs are:

- **Tobacco use** is defined as including smoking cigarettes, pipes and cigars, and use of smokeless tobacco (chewing tobacco and snuff)
- **Physical inactivity** is defined as not doing regular sustained physical activity of any intensity lasting 30 minutes or more 5 times a week.
- **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
- **Harmful use of alcohol** encompasses several aspects of drinking.
    - 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;
    - The pattern of drinking, in particular occasional or regular drinking to intoxication;
    - The drinking context, which may increase the risks of intentional and unintentional injuries and of transmission of certain infectious diseases; and
    - The quality of the alcoholic beverage or its contamination with toxic substances such as methanol.

Rationale: Non-communicable diseases (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 (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

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:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with individuals, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the target population first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on "frequency of measurement") after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

   Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the "unit of measure" above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at "0." It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcome in

this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is the individual must correctly identify all 4 behaviors that contribute most to the development of non-communicable diseases. In the case of this indicator, if the person the Volunteer/partner works with has already identified all 4 behaviors that contribute most to the development of NCDs before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual improved their ability to identify behaviors that contribute to NCDs, then that would count because the Volunteer's work influenced adding value to an existing product.

6. **General Reporting in the VRF**: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of individuals who are able to identify the four behaviors that contribute most to the development of non-communicable diseases after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female and by the age groups listed above.

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