

STANDARD SECTOR INDICATOR CODE: HE-003	Educated on Risk Factors Associated with Nutrition, Obesity, and Abdominal Fat - Number of target population reached with individual or small group level education on non-communicable disease risk factors related to obesity, abdominal fat surrounding vital organs, and weight loss.	
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: Target 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:

- Must have participated in 2 or more training sessions on non-communicable diseases and risk factors. One session should address unhealthy diets and risk factors related to obesity, abdominal fat surrounding vital organs, and one session should address weight loss.
- 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 must be documented by the Volunteer or their partner.

Definitions:

Obesity is defined as having a Body Mass Index (BMI) equal to or above 30. BMI is calculated from a person's weight and height; it is used to screen for weight categories that may lead to health problems.

Abdominal fat is defined as visceral fat tissue that lies deep inside the abdomen and surrounds internal organs. Studies have shown that an increased amount of abdominal fat is independently associated with an increased risk of type 2 diabetes, dyslipidemia, hypertension, cardiovascular disease and colorectal and breast cancers.

Weight loss is defined as a decrease in body weight. For the purposes of this indicator, weight loss should be resulting from voluntary diet and exercise.

Rationale: Obesity is a major risk factor leading to cardiovascular diseases (CVD) mainly heart disease and stroke, diabetes, musculoskeletal disorders (osteoarthritis), and some cancers. Abdominal fat is independently associated with an increased risk of type 2 diabetes, dyslipidemia, hypertension, cardiovascular disease and colorectal and breast cancers even in individuals with normal BMIs.

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 and the risk factors associated with nutrition, obesity, and abdominal fat.
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.
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 risk factors associated with nutrition, obesity, and abdominal fat, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it 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 “7 out of 10 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 case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”
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 individuals by male and female.

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