

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-004	<b>Demonstrated How to Prepare a Low-fat, Low-sodium, Vitamin Rich Meal Using 4 Food Groups:</b> Number of individuals who demonstrate how to prepare a nutritious meal that is low in fat and sodium, is vitamin rich, and uses 4 out of the 9 specified food groups.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <b>Project Area:</b> Life Skills for Healthy Behaviors <b>Project Activity Area/Training Package:</b> NCD Mitigation and Nutrition	
<b>Type:</b> Outcome	<b>Unit of Measure:</b> Adults	<b>Disaggregation:</b>  <b>Sex:</b> Male, Female <b>Age:</b> 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 attended a training that covered nutrition and NCDs and attendance must be documented.
- 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.
- The individual must have demonstrated how to prepare a meal that contains no more than 20% fat, no more than 500 mg of sodium, and is rich in foods with vitamins and minerals.
- The individual must use 4 of the 7 following food groups for the meal: 1) grains, roots 2) legumes and nuts, 3) dairy products, 4) flesh foods, 5) eggs, 6) Vitamin-A rich fruits and vegetables, 7) other fruits and vegetables.
- The cooking demonstration must highlight safe food preparation.

**Definitions:**

**Low-fat** - The dietary reference intake for fat in adults is 20%-35% of total daily calories from fat. That's about 44 to 77 grams of fat a day if you eat 2,000 calories a day (1 tablespoon is equal to about 14 grams). Individuals wishing to lose weight should consume less than 2000 calories a day and limit fats to 20% of daily calories.

**Low sodium** - The dietary reference intake for sodium in adults is 1500 mg - 2000 mg of sodium per day. 1/4 teaspoon salt = 600 mg sodium; 1/2 teaspoon salt = 1,200 mg sodium; 3/4 teaspoon salt = 1,800 mg sodium; 1 teaspoon salt = 2,400 mg sodium.

**Vitamin rich foods** - Vitamins are organic components in food that are needed in very small amounts for growth and for maintaining good health. The vitamins A, D, E, and K are fat-soluble vitamins. Folate (folic acid), vitamin B<sub>12</sub>, biotin, vitamin B<sub>6</sub>, niacin, thiamin, riboflavin, pantothenic acid, and vitamin C (ascorbic acid) are water-soluble vitamins. Most vitamins are closely associated with a corresponding vitamin deficiency disease. When we talk about vitamin-rich foods we are usually talking about foods rich in vitamin A (dark leafy vegetables and brightly colored vegetables) and vitamin D (fish, cod liver oil, milk, eggs)

**Safe food preparation** is defined as food that is prepared safely and minimizes the risk of contamination by harmful pathogens. This includes hands correctly washed with soap before preparing foods, foods cleaned and are cooked or boiled for an adequate amount of time, and properly washed and dry utensils.

**Rationale:** Excessive sodium in the diet can raise blood pressure by increasing the amount of fluid in the blood. High blood pressure can lead to kidney damage, strokes, and heart attack. Excessive fat in the diet has some well-established implications for the health including cancer and obesity which increase the risk of type II diabetes, gallbladder disease, and cardiovascular disease. Excessive intake of saturated fats contributes to high cholesterol levels which can lead to

arteriosclerosis, coronary artery diseases and heart attack.

**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:** This indicator builds off of indicator **HE-003: Educated on Risk Factors Associated with Nutrition, Obesity, and Abdominal Fat**, as it measures the skill and knowledge needed for proper nutrition to combat NCDs. Therefore, baseline data collected in the form of a pre-test for HE-003 would apply to this indicator as well.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population, 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:** After taking the baseline pre-test, Volunteers must take a minimum of one measurement with the same individuals to assess whether they have gained the skills needed to cook a nutritious meal. This measurement is typically taken 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. 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 an individual was able to cook a nutritious meal that met all the criteria to be counted. In the case of this indicator, if the person the Volunteer/partner works with already knew how to cook a nutritious meal 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 was able to cook a nutritious meal, low in fat, low in sodium, using 4 of the 9 food groups, and using clean, safe techniques, that would count because the Volunteer's work provided the individual with the training needed to be able to improve their nutrition by cooking more healthy meals.
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 have demonstrated how to prepare a low-fat, low-sodium, vitamin rich meal using 4 of the 9 food groups, 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 0-9 years, 10-17 years, 18-24 years, and 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