

STANDARD SECTOR INDICATOR CODE: HE-019	Adopted a Behavior to Prevent NCDs as a Result of Health Education Campaigns or Outreach Activities - Number of individuals who report adopting one or more behaviors as a result of local health education campaigns and outreach activities on prevention of NCDs	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Life Skills for Healthy Behaviors Project Activity Area/Training Package: NCD Mitigation and Nutrition	
Type: Intermediate-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 individuals must have participated in a local health education campaign facilitated by the PCV or their partner.
- The individual must report adopting one of the following behaviors for at least 30 consecutive days as a result of participating in the PCV group: eating a low fat diet every day; consuming less sodium each day, eating a fruit and vegetable every day, stopped smoking for at least 30 days, reduced alcohol consumption for 30 consecutive days, increased their daily physical activity, or lost weight and maintained the lower weight for at least 30 days.

Definitions:

Adopted a new behavior: is defined as having consistently practiced a specific new behavior for a minimum of 30 days.

The individual must have practiced one of the following for 30 consecutive days in the last reporting period:

- Adopted a low fat diet
- Adopted a low sodium diet
- Consumed a fruit and vegetable every day
- Stopped smoking
- Reduced alcohol consumption
- Increased physical activity
- Lost weight

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:** 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. 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 an individual the Volunteer has worked with must report adopting one of the following behaviors for at least 30 consecutive days as a result of participating in the PCV group: eating a low fat diet every day; consuming less sodium each day, eating a fruit and vegetable every day, stopped smoking for at least 30 days, reduced alcohol consumption for 30 consecutive days, increased their daily physical activity, or lost weight and maintained the lower weight for at least 30 days.
- 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 report adopting one or more behaviors as a result of local health education campaigns and outreach activities on prevention of NCDs. 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 males and females between the ages of 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