STANDARD SECTOR INDICATOR CODE: HE-103	**Adopted a New Behavior to Reduce the Risk of Undernutrition in Children Under 5:** Number of individuals adopting one or more new behavior(s) to reduce the risk of malnutrition in children under 5-years of age.	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Maternal, Neonatal, and Child Health • **Project Activity Area/Training Package:** Infant and Young Child Health	
Type: Intermediate-term Outcome	**Unit of Measure:** Individuals	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years

To be counted for this indicator the following criteria must be met:

- 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.

Definitions:

Adopting a new behavior - is defined as consistently practicing a new behavior

To reduce the risk of malnutrition in children under five, the mothers/caretaker must have adopted one of the following behaviors:

Actions to prevent malnutrition include, but are not limited to (these focus on immediate causes):

***Undernutrition*:**

- Inadequate diet
  - Immediate breastfeeding for newborns
  - Exclusively breastfed their infant for the first six months
  - Continued breastfeeding through two years and beyond
  - Use of iodized salt in meals prepared at home
  - Practice of optimal complementary feeding (**FADDUA**)
    - appropriate **F**requency of meals
    - appropriate **A**mount at mealtimes
    - appropriate **D**ensity of meals (nutrient dense, digestible)
    - appropriate **D**iversity of foods
    - ensure **U**tilization (through cleanliness and hygiene to prevent illness and diarrhea)
    - practice **A**ctive/responsive feeding to improve bonding, creating a positive feeding experience
  - Include animal source foods in diet
  - Include vitamin A-rich foods in diet
  - Include fortified foods in the diet
- Preventing and reducing severity of illness
  - Give ORS to child over 6 months at outset of diarrhea (ORS with zinc whenever possible)
  - Practice optimal hand washing for caregivers and children
  - Cover food to avoid flies
  - Take to clinic for deworming

- Take to clinic for vitamin A supplementation
- Appropriate use of bed nets in malaria endemic regions
- Treat contaminated water before consumption
- Prevent small children from playing in areas with animal feces

Overnutrition:

- Poor diet
  - Moderate intake of processed foods
  - Moderate intake of sugared beverages
  - Increase intake of nutrient-dense foods, reduce intake of energy-dense foods

Minimum feedings and diversity are defined by age group below. Feedings in a 24 hour period should be composed of:

Age Range	Feeding Amount	Feeding Frequency
< 6 months	Exclusive Breastfeeding	On demand – from eight to twelve times daily
6 to 8 months	½ bowl (approx. 250ml)	**2** feedings daily + **1 or 2** snacks (small bits of fruit etc.) + continued breastfeeding on demand
9 to 11 months	½ bowl (approx. 250ml)	**2-3** feedings daily + **1 or 2** snacks + continued breastfeeding on demand
12 to 23 months	½ bowl (approx. 250ml)	**3-4** feedings daily + **2** snacks + continued breastfeeding on demand
24 to 59 months	Beyond 24 months needs for both frequency and amount continue to increase. Paying attention to cues around appetite and satiety are key to providing an adequate diet to toddlers.	

Rationale: Having an adequate diet is critical to the proper development and health of children. While adequate nutrition is required by all people and especially all children, it is particularly important to work towards improvement of nutrition outcomes for children under two to be able to ensure they reach their full physical and cognitive potential.

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. A data collection tool to measure this indicator could be based on one of the following methods — survey, interview, observation or diary — though there may be other data collection methods that are appropriate. 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 caregivers, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the community 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 adopted a new behavior that reduces the risk of malnutrition in children. The behavior has to be one that was not previously practiced, but during the intervention or activity a change took place promoting the practice.

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 adopted a new behavior to reduce the risk of malnutrition, 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". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female. Additionally, individuals should be disaggregated by age according to the given age ranges.

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