

STANDARD SECTOR INDICATOR CODE: HE-105	Children Who Have a Growth Card and Were Weighed in the Past 3 Months: Number of children 6-59 months who have a growth card and were weighed at least once in the past 3 months.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health • Project Activity Area/Training Package: Infant and Young Child Health 	
Type: Short-term Outcome	Unit of Measure: Children	Disaggregation: Sex: Male/Female Age: 6-11 months, 1- <5 years

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

- The child must be a child 6-59 months
- Must have a growth card
- Child must show evidence of having been weighed at least once in the period 3 months prior to the date of inquiry

Definitions:

Growth Card: a growth card is a standard chart used to monitor a child’s growth from 0-5 years of age.

Weighed in the past three months: Each time a child is weighed, the provider should mark a dot that corresponds to the age of the child in months and the weight of the child. The Volunteer should ask to see the child’s growth card and then check to see if the child was weighed in the past three months.

At each consecutive weighing a point should be marked on the child’s card. Ideally, all the points will be connected so the growth line can be easily monitored. This line provides valuable visual evidence of growth problems as outlined below.

Growth metrics:

- **Normal range:** A z-score equal to or between +2 and -2 for weight for age, weight for height, and BMI.
- **At risk:** The interpretation of risk is based on the change in trend of the growth line relative to the median (0 z-score). If the growth line tends toward the median this is probably a good change. If the growth line tends away from the median this could signal a problem or risk of a problem. If the growth line is declining so that it may cross the -2 z-score line soon, the trend is towards underweight. If the growth line is increasing so that it may cross the +2 z-score line soon the trend is towards overweight. It is important to note the trend early on to be able to intervene appropriately to prevent the problem.
- **Underweight:** A z-score below -2 when measuring weight for age.
- **Severely underweight:** A z-score below -3. If the point falls exactly on the -3 z-score line the child is still considered underweight.
- **Overweight-** A z-score above +2 when measuring weight for height and/or BMI.
- **Obese-** A z-score above +3 when measuring weight for height and/or BMI.

Rationale: Physical growth during childhood is a proxy for overall child well-being. Routine, rather than one-off measurements permit caregivers and practitioners the opportunity to evaluate the velocity of growth in children. Tracking of growth can demonstrate the adequacy a child’s nutritional intake or utilization of nutrients. Inadequate

growth is reversible in the first two years of life.¹

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—observation or secondary data review—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 mothers/caregivers and their children 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

¹ Black, RE et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet Series on Maternal and Child Nutrition*. June 2013.

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 having documented, within the growth card, that a previous measurement/assessment of growth was conducted within three months prior to the inquiry.
- 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 children six months to five years who have a current growth card indicating that they have been measured/assessed for growth within three months of the date of inquiry and work 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 range. When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female as well as the corresponding age range.

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