

STANDARD SECTOR INDICATOR CODE: HE-007	Individuals Who Were Overweight or Obese and Who Now have a Healthy Weight as Calculated by a BMI: Number of individuals who were overweight or obese (body mass index (BMI) equal to or above 25 or 30 respectively) AND who now have a BMI less than 25 or less than 30 depending on their status at initial screening.	
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 individual had to have had a BMI above 25 (overweight) or above 30 (obese) when first measured **AND**
- After working with the Volunteer, the BMI measurement will show a decrease to less than 25 in the overweight individual and less than 30 in the obese individual.
- The overweight individual must maintain a BMI measurement in the normal range for at least two consecutive measurements taken at least three months apart.
- The obese individual must maintain a BMI of less than 30 for at least two consecutive measurements taken at least three months apart.

Definitions:

Overweight is defined as having a BMI equal to or above 25.

Obesity is defined as having a BMI equal to or above 30. The BMI ranges are based on the relationship between body weight and disease and death.

Body Mass Index (BMI) is calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

BMI calculation: BMI is calculated the same way for both adults and children. BMI calculators are available online. If unavailable, the following calculation should be used calculate BMI:

Measurement Units	Formula and Calculation
Kilograms and meters (or centimeters)	Formula: $\text{weight (kg)} / [\text{height (m)}]^2$ With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters. Example: Weight = 68 kg, Height = 165 cm divided by 100 = (1.65 m) Calculation: $68 \div (1.65)^2 = 24.98$
Pounds and inches	Formula: $\text{weight (lb)} / [\text{height (in)}]^2 \times 703$ Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Example: Weight = 150 lbs, Height = 5'5" times 12 inches = (65") Calculation: $[150 \div (65)^2] \times 703 = 24.96$

The standard weight status categories associated with BMI ranges for adults are shown in the following table.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Rationale: Overweight and obesity are the fifth leading risk for global deaths. At least 2.8 million adults die each year as a result of being overweight or obese. In addition, 44% of the diabetes burden, 23% of the ischaemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity. Overweight and obese individuals are at increased risk for many diseases and health conditions, including hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers (endometrial, breast, and colon). The amount of normal body fat changes with age and is different for boys and girls.

Measurement Notes:

- Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, Peace Corps post staff can access a sample tool on the intranet page through [this link](#) and adapt it at the post level for their Volunteers' use. 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.
- 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”).
- 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 overweight and obese 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 who was overweight or obese now has a healthy weight as defined by a BMI of less than 25 or less than 30 depending on their status at initial screening. Overweight and obese individuals who reduce their BMI status should maintain the lower BMI status for at least two reporting cycles (or approximately 3 to 6 months) in order to count.
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 were overweight or obese (body mass index (BMI) equal to or above 25 or 30 respectively) AND who now have a BMI less than 25 or less than 30 depending on their status at initial screening. 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 by 1) male and female and 2) 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