STANDARD SECTOR INDICATOR CODE: HE-008	**Individuals Who Had a High Waist Circumference (WC) and Who Now Have a Normal WC:** Number of individuals who showed a decrease in waist circumference measurement from greater than 102 centimeters (40 in) in men, and greater than 88 centimeters (35 in) in women to a measurement less than 102 centimeters in men and less than 88 centimeters in women	
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 must be an adult, as standards for children 5-17 years old are still in development
- Men have to have had an initial waist circumference measurement (WC) greater than the normal range 102 centimeters (40 in) AND, a subsequent waist circumference measurement will show a decrease to below 102 centimeters (40 in).
- Women have to have had an initial waist circumference measurement (WC) greater than 88 centimeters (35 in) AND after working with the Volunteer the waist circumference measurement will show a decrease to below 88 centimeters (35 in)
- The individual must have maintained the WC measurement that falls within the normal range for two consecutive measurements taken at least 3 months apart.

Definitions:
Adult is defined as someone eighteen years or older

Waist circumference (WC) provides an estimate of abdominal fat even in the absence of a change in BMI. Ethic and age differences in body fat distribution may modify the predictive validity of WC.

Waist Circumference	Abdominal Fat
> 40” or >102 CM in men	Abnormal
>35 “ or 88 CM in women	Abnormal

Waist circumference may be a better indicator of risk than BMI alone.

Rationale: A high waist circumference is independently associated with an increased risk of type 2 diabetes, dyslipidemia, hypertension, and cardiovascular disease in patients with a BMI in the range of 25-35. It is most useful for individuals characterized as normal or overweight. Increased abdominal fat also increases risk in the obese.

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. 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.

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 the target population 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 had an abnormal waist circumference who, after working with the Volunteer, subsequently reduced the measurement of their waist circumference to a normal level for at least two measurement cycles (approximately 3 months.

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 showed a decrease in waist circumference measurement from greater than 102 centimeters (40 in) in men, and greater than 88 centimeters (35 in) in women to a measurement less than 102 centimeters in men and less than 88 centimeters in women. 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: Behavior Change to Improve Health