

STANDARD SECTOR INDICATOR CODE: AG-051	Increased Child Growth: Number of children (6-59 months), out of the total number of children in the Volunteer/partner activity group, whose growth monitoring card demonstrated an increase in the growth curve line. (AG-051)	
AGRICULTURE SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Resilience and Stability • Project Activity Area/Training Package: Nutrition for Healthy Families 	
Type: Outcome	Unit of Measure: Child (though the unit can be thought of as growth monitoring cards)	Disaggregation: Sex: Male, Female
<p>Definitions:</p> <p>Weight-for-age—composite indicator that does not distinguish between acute and chronic malnutrition, but imperfectly captures some of both.</p> <p>Acute Malnutrition A state of undernutrition caused by severely restricted caloric intake or disease resulting in sudden weight loss or nutritional edema. In reporting, it will often be termed Global Acute Malnutrition (GAM), which encompasses both Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM).</p> <p>Chronic Malnutrition A state of undernutrition typified by sub-optimal dietary quality or repeated or prolonged illness, resulting in impaired growth, development, and maintenance of the body and its systems.</p> <p>Growth monitoring cards (promoted by World Health Organization) plot child growth on a graph with weight and age as the axes. The horizontal axis measures age in months and the vertical axis measures weight (usually in kilograms). As such, across the period of interest (number of months), any vertical increase in the graph is determined to indicate an increase in the growth curve line.</p> <p>Partner/s— refers to the local counterpart who is co-facilitating growth monitoring activities with the Volunteer.</p> <p>Rationale: Nutrition interventions are intended to promote optimal growth, or prevent malnutrition or any deterioration of nutrition status. Tracking weight gain of children aged 6-59 months is a way of measuring the target population or individual’s nutrition status across time.</p>		
<p>Measurement Notes:</p> <ol style="list-style-type: none"> 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—secondary data review of children’s growth monitoring cards—though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see Appendix I in the MRE Toolkit. Also be sure to check the intranet page as sample tools are regularly uploaded for post 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 “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 a child or group of children. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. 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 “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. 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.

If historical growth records are available for targeted group, there is little need for a baseline because inquiring about anyone’s growth monitoring card should provide baseline data for the period of interest.

If historical growth records are not available for targeted group, the Volunteer should collect a baseline measurement of children’s weight, age, and growth monitoring card, and then an outcome measurement later in their work with the children and their caretakers. Please note that successful documentation of an increase in the growth curve line requires a period of relationship and trust-building with the children and their caretakers with whom the Volunteer is working.

- 4. Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with children of the target population reached with their activities. If historical growth records are available for the targeted group, than a single follow-on measurement is needed. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same children, 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. Once Volunteers have measured that at least one child 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 child (or group of children) for the following valid reasons:

- a. Volunteers may want to measure whether or not any additional children 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);
- b. 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;
- c. 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 children achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is a child's increase in a child's growth curve line as compared to what was measured initially at baseline. An increase in the growth curve line is represented by a vertical increase in a graph of a child's growth.
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 who demonstrated an increase in their growth curve line based on their growth monitoring card, 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 children 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 children who achieved the outcome based on male and female.

Data Quality Assessments (DQA): DQAs 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: AG. CHILDHOOD NUTRITION PROGRAM REACH (INDIVIDUALS)