STANDARD SECTOR INDICATOR CODE: HE-108	**Children Who Were Underweight and Who Now Have a Normal Weight-for-Age:** Number of children 6-59 months who were underweight (the growth line falls below the -2 z-score line on the WHO growth card) AND who are now normal weight (the growth curve line is greater than -2 z-score and is going upward toward the median on the WHO growth card).	

HEALTH SECTOR	**Sector Schematic Alignment**
	• **Project Area:** Maternal, Neonatal and Child Health
	  • **Project Activity Area/Training Package:** Infant and Young Child Health
	• **Project Area:** HIV Mitigation
	  • **Project Activity Area/Training Package:** Community Care of OVC	

Type: Intermediate-term Outcome	**Unit of Measure:** Eligible 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
- The child must have been weighed at least twice in the past six months
- The child must have been underweight at first assessment (below -2 z-scores) AND on the last 2 visits when the child was weighed their z-score was maintained within normal range (a z-score between -2 and 2)
- The growth line will show an upward or increasing trend.

Definitions:
Interpreting the growth curve line:

- **An Increase in the slope of the growth line**: Indicates an increase in weight relative to age. It represents healthy growth with the exception of an increasing growth line in a nearly overweight, overweight or obese child.
- **A Decrease in slope of the growth line**: Indicates a decrease in weight relative to height or age. It is a problem if the growth line is declining so that it may cross the -2 z- score indicating moderate malnourishment.
- **A Flat Growth line**: A flat growth line usually indicates a problem. If height and age continue to increase and weight stays the same the child is considered at risk. This child should then be monitored. An exception is when an overweight or obese child maintains their weight over time while growing in height and bringing them to a healthier weight.

Growth Metrics:

- **Normal range**: A z-score ≥ -2 and ≤ +2 for weight for age, weight for height or height for age.
- **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 when measuring weight for age.

- **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.

Volunteers working with specific target populations such as OVCs, PLHIV, or others affected by HIV should disaggregate the information by target population they are working with and report accordingly.

Orphans and Vulnerable Children: Children affected by AIDS, often referred to as orphans and vulnerable children (OVC), are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.

**H.R. 5501; Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008*

Rationale: Being clinically underweight increases the risk of death and inhibits cognitive development in children. It also perpetuates the problem from one generation to another, as malnourished women are more likely to have low-birth-weight babies.

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 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 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 aged six months to under five years of age who has a growth card indicating at least one weight for age measurement of < -2 z scores but whose most recent measurement/assessment of weight for age demonstrates a normal weight for age (≥ -2 z scores and ≥ +2 z scores).

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 aged six months to under five years of age who have a growth card demonstrating at least one weight for age measurement of < -2 z scores, but the most recent measurement reflects a normal weight for age (≥ -2 z scores and ≥ +2 z scores) 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 and age. When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female and 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