WORLD DIABETES FOUNDATION

Outcome Indicator Guidance

OUTCOME INDICATORS

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CARE

INDIVIDUAL LEVEL

Change in patients' trust in health system

Intervention Level	Individual
Definition	Assessment of patient-reported trust relationships according to: - Honesty - Communication - Confidence - Competence
Unit of Measure	Targeted population
Proposed Method	Interview (structured, semi-structured, or in-depth) Questionnaire
Data Collection - Sample	**Baseline:** All beneficiaries Random sample (e.g., from a household list, or a list with all beneficiaries) Selective sample (e.g., through registration when attending to the health facility or screening camp) Clustered sample (e.g., according to villages or health facilities) **Endline:** Same patients as assessed for baseline (except if random or clustered sample).
Additional	If possible, the assessment can be strengthened through the combination with the individual level indicator: *"Change in patients' biological risk factors*".

Change in patients' ability to self-manage diabetes

Intervention Level	Individual
Definition	Assessment of diabetes self-management according to: - Confidence in ability to self-manage - Support from health professionals, peers, and the community - Perception of life with diabetes
Unit of Measure	Targeted population
Proposed Method	Interview (structured, semi-structured, or in-depth) Questionnaire **Sub-categories** for the categories in the definition could include: - Use of medication, maintaining a diet and physical activity - Self-observation such as measuring body weight, observing general health condition, and reporting on glucose in urine and blood Self-regulating activities in case of hypo- or hyperglycaemia, weight gain, illness, or stress, or preparing for holidays
Data Collection - Sample	**<u>Baseline:</u>** All beneficiaries Random sample (e.g., from a household list, or a list with all beneficiaries) Selective sample (e.g., through registration when attending to the health facility or screening camp) Clustered sample (e.g., according to villages or health facilities) **<u>Endline:</u>** Same patients as assessed for baseline (except if random or clustered sample).
Additional	If possible, the assessment can be strengthened through the combination with the individual level indicator: *"Change in patients' biological risk factors*".

Change in patients' biological risk factors

Intervention Level	Individual
Definition	Average values of glucose, blood pressure, and/or anthropometric measures in the sample population.
Unit of Measure	Targeted population
Proposed Method	Measured (not self-reported) **Glucose:** Average value of glucose. Refer to national NCD targets for appropriate choice of method. If unavailable, refer to relevant comparative data. **Blood Pressure**: Average value of mmHg. **Anthropometric Measure**: Average value of respective anthropometric measure. Refer to national NCD targets for appropriate choice of method. If unavailable, refer to relevant comparative data.
Data Collection - Sample	**Baseline:** All beneficiaries Random sample (if a list of all beneficiaries is available) Selective sample (e.g., through registration when attending to the health facility or screening camp) Clustered sample (e.g., according to villages or health facilities) **Endline:** Same patients as assessed for baseline (except if random or clustered sample).
Additional	If possible, the assessment can be strengthened through the combination with other outcome indicators.

ORGANISATIONAL LEVEL

Change in availability and delivery of diabetes services

Intervention Level	Organisational
Definition	Average availability and delivery of diabetes services within targeted health facilities.
Unit of Measure	Health facilities
Proposed Method	Health facility assessment **Availability:** Average availability of basic equipment, medicines and consumables, and human resources. **Delivery:** Average delivery of patient education, use of national guidelines, and cost of services.
Data Collection - Sample	**Baseline:** All targeted health facilities Random sample (e.g., from a list of all health facilities) Selective sample (e.g., through including health facilities that are deemed relevant for the assessment) Clustered sample (e.g., according to villages or health facility level) **Endline:** Same facilities as assessed for baseline (except if random sub-sample).
Additional	Distinction should be made between **public** and **private**, and **rural** and **urban**.

Change in health workers' skills and competencies

Intervention Level	Organisational	
Definition	Average provision of evidence-based and effective care by health workers through the provision of: - Systematic patient assessment - Correct diagnosis - Appropriate treatment - Counselling - Referral	
Unit of Measure	Health workers	
Proposed Method	Observation of practices	According to diabetes care guidelines and/or developed training material.
	Analysis of patient registries	According to appropriate completion, registration, and storage. Furthermore, according to correct diagnosis and treatment, to the extent possible.
	Questionnaire	According to diabetes care guidelines and/or developed training material.
	Interviews	According to diabetes care guidelines and/or developed training material.
Data Collection - Sample	**<u>Baseline:</u>** All beneficiaries Random sample (e.g., from a list of all registered health workers) Selective sample (e.g., through organised training sessions) Clustered sample (e.g., health facilities) **<u>Endline:</u>** Same health workers as assessed for baseline (except if random or clustered sample).	
Additional	Ensure that there is a proportionate amount of each classification of health worker included in the assessment (e.g., 40 nurses and 20 doctors targeted through the project, then the baseline and endline also include double the number of nurses than doctors – to the extent possible).	

Change in availability and reliability of diabetes patient data

Intervention Level	Organisational	
Definition	Average availability and reliability of disaggregated patient-level data on diabetes within targeted health facilities.	
Unit of Measure	Health facilities	
Proposed Method	Observation of registration practices	– Are patient registers available at the health facility? If yes, how is it structured? Is it integrated with other diseases, or does it function separately?
	Analysis of health facility patient registries	– Who registers the data? Is this appropriate in relation to patient contact and registration competencies? – Where is patient data registered? Do the responsible persons have appropriate access? – Are the registrations completed correctly? Is there coherence between the different information on the patient? – How is the patient register information aggregated and communicated? Is this appropriate?
Data Collection - Sample	**<u>Baseline:</u>** All targeted health facilities Random sample (e.g., from a list of all health facilities) Selective sample (e.g., through including health facilities that are deemed relevant for the assessment) Clustered sample (e.g., according to villages or health facility level) **<u>Endline:</u>** Same facilities as assessed for baseline (except if random sub-sample)	
Additional	Ensure that there is a proportionate amount of each classification of health worker or health facility level included in the assessment (e.g., 80 primary health care facilities, 6 secondary level facilities, and 2 tertiary level facilities targeted through the project, then the baseline and endline should also include the same proportion of each level).	

SYSTEMIC LEVEL

Change in institutional capacity for the coverage of essential NCD medicines, consumables, and basic technologies

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's actions according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 4**. As such, an assessment could revolve around the following actions: 1) Facilitate the mobilisation of adequate, predictable, and sustained financial resources to advance the availability of diabetes medicines, consumables, and basic technologies. 2) Support national authorities in developing and implementing appropriate health care infrastructure and institutional capacity. 3) Support national efforts for control of NCDs through the exchange of information on best practice and dissemination of findings in health systems research.
Assessment (in order of priority)	Recently conducted health system / policy analysis (secondary source) Health system / policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders Health facility assessments
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.

Change in monitoring of NCDs

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's actions according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 6**. As such, an assessment could revolve around the following actions: 4) Facilitate the mobilisation of resources to strengthen national or regional capacity for monitoring and evaluation of NCD control. 5) Facilitate the translation of results to provide the basis for advocacy, policy development and coordinated action, and to (re)inforce political commitment. 6) Support or promote the use of information and communications technology to improve the capacity for monitoring of NCDs, and to disseminate data on trends.
Assessment (in order of priority)	Recently conducted health system / policy analysis (secondary source) Health system / policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders Health facility assessments
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.

Change in resources for NCD care

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's actions according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 4**. As such, an assessment could revolve around the following actions: 7) Facilitate the mobilisation of adequate, predictable, and sustained financial resources to advance universal health coverage, especially through primary health care. 8) Support national authorities in strengthening health systems and expanding quality service coverage.
Assessment (in order of priority)	Recently conducted health system / policy analysis (secondary source) Health system / policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders Health facility assessments
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.

OUTCOME INDICATORS

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PRIMARY PREVENTION

INDIVIDUAL LEVEL

Change in health literacy skills

Intervention Level	Individual
Definition	The capacity of individuals to access, understand, appraise, and use information and services to make health-related decisions.
Unit of Measure	Targeted population
Proposed Method	Interview (structured or semi-structured) Questionnaire
Data Collection - Sample	**Baseline**: All beneficiaries Random sample (e.g., from a list of households or list with all beneficiaries) Selective sample (e.g., through community outreaches or school activities) Clustered sample (e.g., according to villages or schools) **Endline**: Same individuals as assessed for baseline (except if random or clustered sample)
Additional	If possible, the assessment can be strengthened through the combination with the individual level indicator: "*Change in anthropometric measures among target groups*".

Change in anthropometric measures among target groups

Intervention Level	Individual
Definition	Average values of a series of quantitative measures of body composition; comprising of BMI (weight/height^2), body circumferences (waist, hip, and limbs), and skinfold thickness.
Unit of Measure	Targeted population
Proposed Method	Measured (not self-reported) **Body mass index**: Average value of BMI according to WHO guidelines. **Body circumferences**: Average value of either waist or hip circumference according to WHO guidelines. **Skinfold thickness**: Average value of skinfold thickness at a predetermined site.
Data Collection - Sample	**Baseline**: All beneficiaries Random sample (e.g., from a list of all beneficiaries) Selective sample (e.g., through community outreaches or school activities) Clustered sample (e.g., according to villages or schools) **Endline**: Same individuals as assessed for baseline (except if random or clustered sample)
Additional	If possible, the assessment can be strengthened in combination with other outcome indicators.

ORGANISATIONAL LEVEL

Change in availability and accessibility of healthy food options

Intervention Level	Organisational
Definition	Availability and accessibility of healthy food options according to local context. Availability is related to the physical presence of healthy food options. Accessibility reflects whether foods are available in a form and location that facilitate their consumption. Accessibility also encompasses the notion of affordability.
Unit of Measure	Schools Workplaces Surrounding food environment (i.e., restaurants, fast food chains, shops/supermarkets, etc.)
Proposed Method	(School) environment assessment
Data Collection - Sample	**Baseline**: All targeted organisations Random sample (e.g., from a list of all relevant organisations) Selective sample (e.g., through including organisations that are deemed relevant for the assessment) Clustered sample (e.g., according to villages or school levels) **Endline**: Same organisations as assessed for baseline (except if random or clustered sample)
Additional	

Change in availability and accessibility of opportunities for physical activity

Intervention Level	Organisational
Definition	Availability and accessibility of adequate infrastructure, and the incorporation of physical activity into the daily routines of individuals. Accessibility reflects whether all individuals, regardless of gender, race, ethnicity, age, or socio-economic level can make use of these facilities.
Unit of Measure	Schools Workplaces Surrounding built environment (e.g., recreational facilities)
Proposed Method	(School) environment assessment
Data Collection - Sample	**Baseline**: All targeted organisations Random sample (e.g., from a list of all relevant organisations) Selective sample (e.g., through including organisations that are deemed relevant for the assessment) Clustered sample (e.g., according to villages or school levels) **Endline**: Same organisations as assessed for baseline (except if random or clustered sample)
Additional	

SYSTEMIC LEVEL

Introduction of legislation/regulation leading to a less obesogenic environment

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's actions according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 3**. As such, an assessment could revolve around the following actions: 1) Facilitate the implementation of central WHO frameworks and strategies: - Framework Convention on Tobacco Control - Global strategy on diet, physical activity, and health - Global strategy for infant and young child feeding - Recommendations on food marketing and non-alcoholic beverages to children 2) Support the development and implementation of technical guidance
Assessment (in order of priority)	Recently conducted urban environment / policy analysis (secondary source) Urban environment / policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.

Change in access to health promoting information provided by national authorities

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's action according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 1**. As such, an assessment could revolve around the following actions: 1) Support national efforts for prevention of NCDs through exchange of information on best practices and dissemination of research findings. 2) Promote the creation of information and electronic communication technologies (eHealth) and the use of mobile and wireless devices (mHealth). 3) Promote the use of information and communications technology to improve programme implementation, health outcomes, and health promotion.
Assessment (in order of priority)	Recently conducted policy analysis (secondary source) Policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders Assessment of national health promoting information
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.

Change in resources for NCD prevention

Intervention Level	Systemic
Purpose and GAP Actions	The purpose of the indicator is to assess the project's actions according to the ***Proposed Actions for International Partners*** in the **Global Action Plan – objective 4**. As such, an assessment could revolve around the following actions: 1) Facilitate mobilisation of adequate, predictable, and sustained financial resources to advance universal health coverage, especially through primary health care. 2) Support national authorities in strengthening health systems and expanding quality preventive service coverage. 3) Support access to comprehensive and cost-effective prevention services and interventions. 4) Promote the incorporation of prevention of NCDs in the training of all health personnel (incl. CHWs, professional and non-professional staff) with an emphasis on primary health care.
Assessment (in order of priority)	Recently conducted policy analysis (secondary source) Policy analysis Evaluation reports Meeting summaries Interviews with key stakeholders Assessment of national health promoting information
Minimum requirements	The use of secondary sources for baseline assessments are very relevant and should be supported by a narrative description of how the project has contributed to a change. An example of using secondary sources can be found below, but note that primary sources are also relevant, although more demanding. <u>Example:</u> **Before project implementation** Research paper with policy analysis (academic literature – see reference 6) - Inclusion of a recent research paper which is relevant for the outcome indicator, including a narrative description of the relevance. **After project implementation** Evaluation reports, meeting summaries and draft materials - Inclusion of materials that can demonstrate the progress that has been made towards achieving the outcome according to the GAP actions, including a narrative description that describes the process, progress, and next steps.