

STANDARD SECTOR INDICATOR CODE: HE-017	Individuals Trained to Conduct Behavior Change Interventions for Non-Communicable Diseases: Number of individuals (Community Educators/Mobilizers/peer educators) trained to conduct BCC/IEC activities to promote healthy choices and lifestyles related to NCDs.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Life Skills for Healthy Behaviors Project Activity Area/Training Package: NCD Mitigation and Nutrition	
Type: Output	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 individuals must complete training on implementation of behavior change interventions for promoting healthy choices and lifestyles related to non-communicable diseases including their risk factors.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at all educational session/s must be documented by the Volunteer or their partner

Definitions:

Behavior Change Interventions are defined as activities, interventions or programs that are designed and implemented with the goal of producing specific desired behavioral changes. Individuals trained in BCC/IEC are charged with this task and can be thought of as “interventionists” whose goal it is to design and implement programs that produce the desired behavioral changes based on the understanding of behavior change theories and an ability to use them in practice.

Course Completion is defined as successfully demonstrating the acquisition of knowledge and skills covered in the course materials and showing the ability to disseminate the material by leading at least one session while being observed by an expert.

Rationale: Non communicable diseases (NCDs) are the leading cause of death globally. Of the 57 million deaths that occurred globally in 2008, 36 million were due to NCDs, mainly comprised of cardiovascular diseases, cancers, diabetes and chronic lung diseases. Data from 2008 show that nearly 80% of NCD deaths occurred in low-and middle-income countries.

NCDs are caused, to a large extent, by four behavioral risk factors: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. Therefore, effective interventions targeting individual lifestyle changes such as tobacco cessation, alcohol reduction, healthier eating and greater physical activity are critical to reducing the burden of NCDs.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names, sex, and age of participants who were trained in advocacy will capture the needed data.
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:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator such as HE-019. Refer to the project framework to review related outcome indicators.
4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) BCC related to preventing NCDs, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least “80% of the training” or “4 out of 5 days of the training.” If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all). With trainings on BCC, post staff should take into consideration the amount of time needed to train on both BCC and the topic being covered. It is believed that trainings on BCC/IEC activities will take multiple days.
6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”
7. **Reporting on Disaggregated Data in the VRT:** 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