

STANDARD SECTOR INDICATOR CODE: HE-020	Educated on Harmful Effects of Alcohol and Other Substances: Number of target population reached with individual or small group level education on the harmful effects of alcohol and other substances.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Life Skills for Healthy Behaviors • Project Activity Area/Training Package: Alcohol and Substance Use Prevention 	
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 individual must have attended training on the harmful effects of alcohol and drugs and the prevention of alcohol and drug abuse.
- 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 educational session/s must be documented by the Volunteer or their partner.

Definitions:

1 drink of alcohol: is defined as a ‘shot’ 1.5 fluid ounces (oz.)* of 80 proof liquor or 14.0 grams (0.6 ounces) of pure alcohol. Generally this amount of alcohol is found in:

- 12-ounces of beer.
- 8-ounces of malt liquor.
- 5-ounces of wine.
- 1.5-ounces or a “shot” of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).

*1.5 ounces is equal to approximately 45 ml.

Rationale: The harmful use of alcohol is a global problem which compromises both individual and social development. It results in 2.5 million deaths each year. Alcohol is the world’s third largest risk factor for premature mortality, disability and loss of health; it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe. Men consistently have higher rates of alcohol-related deaths and hospitalizations than women. Among drivers in fatal motor-vehicle traffic crashes, men are almost twice as likely as women to have been intoxicated. Excessive alcohol consumption increases aggression and, as a result, can increase the risk of physically assaulting another person or of engaging in risky sexual activity including unprotected sex, sex with multiple partners, or sex with a partner at risk for sexually transmitted diseases. The harmful use of alcohol is associated with several infectious diseases like HIV/AIDS, tuberculosis and sexually transmitted infections (STIs). This is because alcohol consumption weakens the immune system and has a negative effect on patients’ adherence to antiretroviral treatment.

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. 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) on the harmful effects of alcohol and other substances, 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).
6. **Reporting:** In the case of output indicators, Volunteers only have one column 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 total number of individuals by male and female in each of the following age groups: 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