STANDARD SECTOR INDICATOR CODE: HE-023	**Reported Reducing Alcohol and/or Substance Use:** Number of individuals who reported a reduction in their consumption of alcohol and/or substance use.	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Life Skills for Healthy Behaviors • **Project Activity Area/Training Package:** Alcohol and Substance Use Prevention	
Type: Intermediate-term Outcome	**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 reported consuming at least 1 alcoholic drink or substance use in the previous reporting period
- The individual must report that he/she reduced his/her consumption of alcohol and/or substance use in the current reporting period (based on weekly consumption recall) compared to the last reporting period.

Definitions:

Reduction of alcohol consumption: is defined as a decrease in the number of alcoholic drinks an individual reported consuming the seven days prior to the assessment from the number reported in the previous reporting period.

Reduction of substance use: is defined as a decrease in the number of times an individual reports substance use during the 7 days prior to the assessment compared to the previous reporting period or assessment of the same individual.

Illegal substances: National laws and policies at PC/Posts will define what constitutes legal and illegal substances and should be abided at all times. PC/Posts should make sure to train Volunteers appropriately when working to mitigate the use of illegal substances.

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 (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— Log with self-reported quarterly alcohol consumption estimates, written or oral surveys, or interviews —though there may be other data collection methods that are appropriate as well. Please

check PCLive for data collection tools. 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 individuals (youth, teachers, health workers, etc.), and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the target population 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 reported a reduction in their consumption of alcohol and/or drug use in a week compared to a previous week. In the case of this indicator, if the person the Volunteer/partner works with has already reduced their consumption of alcohol or drugs to zero before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual decided reduce their consumption of alcohol and/or drug use, that would count because the Volunteer's work influenced the individual's behavior.

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 individuals who reported a reduction in their consumption of alcohol and/or drug use 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 by the age categories: 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