

<p><b>STANDARD SECTOR INDICATOR CODE:</b> HE-028</p>	<p><b>Peer Educators Trained to Conduct Behavior Change Interventions for Alcohol Abuse and Substance Use:</b> Number of peer educators trained to conduct outreach, BCC/IEC activities to promote the reduction of alcohol abuse and substance use and healthy lifestyles.</p>	
<p><b>HEALTH SECTOR</b></p>	<p><b>Sector Schematic Alignment</b></p> <ul style="list-style-type: none"> <li>• <b>Project Area:</b> Life Skills for Healthy Behaviors</li> <li>• <b>Project Activity Area/Training Package:</b> Alcohol and Substance Use Prevention</li> </ul>	
<p><b>Type:</b> Output</p>	<p><b>Unit of Measure:</b> Individuals</p>	<p><b>Disaggregation:</b></p> <p><b>Sex:</b> Male, Female</p> <p><b>Age:</b> 0-9 years, 10-17 years, 18-24 years, 25+</p>

**To be counted for this indicator the following criteria must be met:**

- The individuals must have completed a standardized training on implementation of behavior change interventions and training to conduct outreach, behavior change communication (BCC), information education communication (IEC) activities to promote the reduction of alcohol and other substances and healthy lifestyles.
- 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

**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.

Behavior change interventions and programs are designed and implemented with the goal of reducing over-consumption of alcohol and promoting the adoption of healthy lifestyle choices.

**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 and sex of participants who were trained in advocacy and content matter of the training 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 behavior change interventions for alcohol and substance use, 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 box to fill in on their VRF: “total # (number)” and is where Volunteers will report the number of individuals trained to conduct outreach, BCC/IEC activities to promote the reduction of alcohol and other substances and healthy lifestyles.
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 males and females within the following age categories: 0-9 years, 10-17 years, 18-24 years, and 25+.

**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