

<p>STANDARD SECTOR INDICATOR CODE: HE-039</p>	<p>Peer Educators trained to conduct Behavior Change Interventions on Sexual and Reproductive Health: Number of peer educators trained to conduct outreach, BCC/IEC activities to promote sexual and reproductive health.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Life Skills for Healthy Behaviors • Project Activity Area/Training Package: Youth Sexual and Reproductive Health 	
<p>Type: Output</p>	<p>Unit of Measure: Peer Educators</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+</p>

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

- Individuals selected to participate in the training must mirror the same age, sex, sexuality, background, social class, and/or subculture to a target group AND endorse “healthy” norms, beliefs and behaviors as the peer group or community they will work within;
- The individuals must have completed a community educator or peer educator course that addresses youth sexual and reproductive health and that included training on implementing behavior change interventions;
- 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:

Peer Education - refers to training, mentoring, or dissemination of messages by a young person who is trained to offer information and services on issues related to non-communicable diseases and their prevention based on the premise that most people feel more comfortable receiving information from people of the same age group who may be experiencing problems similar to their own.

Rationale: Peer education is a particularly effective approach for communicating with youth about difficult subjects such as alcohol and drug use and sexual reproductive health issues. Young people often relate better to others who are similar to them in age, background, and interests than to parents or teachers. The cultural similarity of peer educators helps ensure that the language and messages used are relevant and appropriate. Peer programs allow for the direct involvement of young people in their own programs. Peer programs can be implemented economically.

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 peer educators who were trained in youth sexual and reproductive health 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) BCC/IEC for youth sexual reproductive health, 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).”
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 the following age groups: 0-9 years, 10-14 years, 15-17 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