

STANDARD SECTOR INDICATOR CODE: HE-086	Educated on Modern Contraceptive Methods: Number of target population reached with individual or small group level education on modern contraceptive methods.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Maternal, Neonatal and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care	
Type: Output	Unit of Measure: Individuals	Disaggregation : Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

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

- Must have received training on modern contraceptive methods.
- 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:

Modern contraceptive methods: are defined as female sterilization, male sterilization, oral contraceptive pills, the IUD, injections (such as Depo-Provera), implants (such as Norplant), the female condom, the male condom, the diaphragm or cervical cap.

Non-modern contraceptive methods: include foam or jelly when used alone, rhythm method, withdrawal, lactational amenorrhea, and abstinence.

Educated: Showing evidence of training or practice.

Small group or individual session: is defined as an intervention delivered in a small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger or can comprise of a family or couple.

Individual session: is defined as an intervention that is provided to one individual at a time.

Rationale: Pregnancy within 18 months of giving birth is associated with an increased risk of: low birth weight, small size for gestational age, preterm birth, and uterine rupture in women who attempt vaginal birth after a C-section (VBAC). Also, experts believe that closely spaced pregnancies don't give a mother enough time to recover from the physical stress of one pregnancy before moving on to the next. For example, pregnancy and breast-feeding can deplete your stores of essential nutrients, such as iron and folic acid. If a woman becomes pregnant before replacing those stores, it could affect her health or the baby's health.

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, age, sex, and profession of participants who were trained in modern contraceptive methods 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 modern contraceptive methods, 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 “X% of the training” or “X number of 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 1) male and female, and 2) 0-9 years, 10-14 years, 15-17 years, 18-24 years, 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