

STANDARD SECTOR INDICATOR CODE: HE-130	Community Mobilizers Trained in Malaria Behavior Change Communication - Number of individuals (Community Educators/Mobilizers) trained to promote malaria prevention or care seeking.											
Health Sector	Sector Schematic Alignment Project Area: Maternal, Neonatal, and Child Health Project Activity Area/Training Package: Malaria Prevention and Control											
Type: Output	Unit of Measure: Training Participants	Disaggregation: Sex: Male, Female Specific Malaria Prevention Subject Areas: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">LLIN Use</td> <td style="width: 50%;">IRS Safety</td> </tr> <tr> <td>Net Maintenance and Repair</td> <td>Prompt care seeking</td> </tr> <tr> <td>Antenatal Care Seeking</td> <td>Correctly following drug regimen</td> </tr> <tr> <td>IPTp</td> <td>Mosquito Repellent Use</td> </tr> <tr> <td>IRS Participation</td> <td>Mosquito Repellent Manufacture</td> </tr> </table>	LLIN Use	IRS Safety	Net Maintenance and Repair	Prompt care seeking	Antenatal Care Seeking	Correctly following drug regimen	IPTp	Mosquito Repellent Use	IRS Participation	Mosquito Repellent Manufacture
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IRS Participation	Mosquito Repellent Manufacture											

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

- Individuals selected to participate in the training must:
 - A) Have completed an introductory community educator course of at least 24 training hours that addresses behavior change principles.
 - OR**
 - B) Have significant field experience (2 years+) in public health behavior change
 - OR**
 - C) The malaria training must contain at least 24 training hours of behavior change fundamentals.
- Training must have been provided by the PCV or their partner in an individual or small group setting comprised of no more than 25 people.
- Attendance in all the educational session/s must be documented by the Volunteer or their partner.

Definitions:

Community Educator/Community Mobilizer: An individual who provides BCC/IEC to community members. This is not limited to official Community Health Workers, nor is it limited to individuals who do large-scale BCC events. Informal peer educators should be counted.

LLIN Use: Sleeping under an LLIN every night throughout the entire year.

Net Maintenance and Repair: Correct net washing procedures (4 times per year or less, no bleach, no detergent), and sewing up rips and tears.

Antenatal Care Seeking: Attending antenatal clinics in accordance with the national recommendations. This will change depending on country, so each post is encouraged to consult their Ministry of Health.

IPTp: Intermittent Preventive Treatment for pregnant women. A curative dose of a malaria prevention drug given periodically during pregnancy to clear the body of parasites. Generally sulfadoxine-pyremethemine (Fansidar). For dosing regimen consult MoH.

IRS Participation: Agreeing to participate in an Indoor Residual Spraying program. Many IRS campaigns have less than 100% acceptance rate due to fears about the chemicals used.

IRS Safety: Knowledge of how to keep oneself and one’s family safe while your home is being sprayed with IRS – removing furniture, allowing a specific amount of time before reentering the dwelling, sweeping and properly

disposing of dead insects, etc.

Prompt Care Seeking: Seeking care from a trained health care provider within the first 24 hours of onset of malaria-like symptoms (fever, chills, etc.).

Correctly following Drug Regimen: Taking the full course of medication as proscribed by a trained health professional.

***Mosquito Repellent Use:** Using a proven topical mosquito repellent between the hours of dusk and going to bed.

***Mosquito Repellent Manufacture:** Manufacturing topical mosquito repellents including neem and citronella.

***NOTE:** Mosquito repellent use advocacy is deprecated until such time as the WHO comes out with a firm position on its efficacy. It is included here to capture work that may still be going on in the field and community-driven interventions. Mosquito Repellents are **NOT** a substitute for LLIN use, IPTp, IRS, Care Seeking or other proven interventions. Any community driven extension of mosquito repellents should be done **ONLY** after utilization of proven interventions is high **AND** extreme care should be taken with messaging around repellent use to ensure that they are clearly understood as **ADDITIVE**, not a **REPLACEMENT** for other interventions.

Rationale: This output indicator captures the capacity building work done by volunteers to train local BCC/EIC practitioners. It is meant to capture only the volume of work done and subject areas.

Measurement Notes:

Sample Tools and/or Possible Methods: A tracking sheet that collects the names and sex of participants who were trained in malaria prevention BCC/IEC will capture the needed data.

Activity-Level Baseline Data Collection: As an output indicator, no baseline survey is used with this indicator.

Frequency of measurement: Training logs should be collected at the time of training. Data should be reported to post in the VRT on whatever schedule is used by the post (quarterly is preferred). Data will be officially reported from the post to HQ annually with preliminary data made available to technical experts in HQ on a rolling basis.

General Reporting in the VRF: In the case of output indicators, Volunteers only have one box to fill in on their VRF: "total # (number)."

Reporting on Disaggregated Data in the VRF: This indicator is disaggregated by "Sex", "Age" and by the subject of the training. When choosing this indicator in the VRF the Volunteer will be presented with a 'check all that apply' box where they may indicate what subject areas were covered in their training.

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