

**Indicator: # individuals trained in components of behavior change communication (HE\_MNCH\_250)****HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Output**Unit of Measure:** Individuals**Disaggregation: Sex:** Male, Female**Type of Training:** Organizational management, interpersonal communication, technical BCC training**Type of individuals:** Nursing Staff (RN, Nursing Officer, Principle/Chief Nurse), Pharmacy Staff (Pharmacy Assistant, Pharmacy Technician, Pharmacist), Physician, Nutritionist, Midwife, Community Health Worker, School-based staff, Committees (e.g. Water, Community Development), NGO/CBO Staff (beyond service providers otherwise captured in this list), Government staff (outside of health providers: environmental officers, social workers, etc.), Peer Leaders (e.g. youth leaders, mother leaders), Family member, Community member**Outcome Measured:** Improve community health workers' skills to deliver health education and behavior change messages (Objective 3)**Precise definitions****Individuals:** Individual in this indicator is meant to be broad to accommodate the many different types of people that Volunteers work with. The disaggregate "type of individual" should be used to make the indicator more specific. All types of individuals are listed above.**Trained:** This indicator is not intended to capture one-time trainings, but should rather focus on a series or multisession trainings that are intended to lead to behavior change. Increasing knowledge and changing behavior is a longer-term process and requires multiple interactions with the same individual. While there may be some utility in once-off trainings, this indicator is focused on those individuals who attend at least 75 percent of the predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.**Disaggregates:**

- **Organizational management:** Incorporating effective management practices—such as supportive supervision, job aids, quality improvement process, and monitoring and evaluation—are critical to making any activity or intervention work, including behavior change communication.

- **Interpersonal communication:** Effective communication is one of the most important skills related to behavior change. Effective communication includes showing respect for people, being culturally sensitive, stopping and asking questions to ensure the messages are being understood, etc.
- **Technical behavior change communication (BCC) training:** an interactive process with individuals or communities to develop communication and strategies to promote positive/healthy behaviors that are appropriate to their settings. The BCC should be focused on changing behaviors around maternal, newborn, and child health.

## Data collection

**Tool:** Community Health Worker Training Tracking Tool

Data should be collected routinely at each training session covering topics related to behavior change communication, organizational management, or interpersonal communication. A PCV and their counterpart should track an individual separately per session to assess how many total sessions each participant attended and the topics that were covered. Basic attributes of the participant should also be tracked, including sex; posts can add additional fields if necessary.

There is no requirement to do a pre-test and post-test, but a tab is included if posts or PCVs would like to utilize such a tool.

## Reporting

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

- Individuals attended training on some aspect of behavior change communication that was facilitated by a PCV and their counterpart. Individuals can be counted under this indicator even if all topics were not covered.
- The training was provided in an individual or small group setting of 25 individuals or less.
- Individuals attended at least 75 percent of the sessions.
- Attendance at the educational sessions was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).

Data will be aggregated over the reporting period and reported under HE\_MNCH\_250, counting each participant only once during the fiscal year (October 1–September 30). For example, if a community health care worker attended four different training sessions over five months, they would only be counted once under this indicator within the fiscal year. If they continue to attend another training in the following year, they could be counted again, as one individual, under the same indicator in the VRT for the following fiscal year.