

Indicator: # school-based staff who demonstrate at least 2 student-centered techniques to deliver health and life skills curriculum (HE_YOUTH_263)**STANDARD SECTOR****HEALTH SECTOR** **PROJECT AREA:** Youth Health**INDICATOR CODE:**

HE_YOUTH_263

Type: Outcome**Unit of Measure:** School-based Staff**Disaggregation:** Sex: Male, Female

Related Objective: Increase the capacity of school-based staff and health care workers to provide gender equitable health education and youth-friendly services

Precise definitions

School-based Staff: School-based staff is meant to be broad and include teachers, teaching assistants, counsellors and administrative staff. Anyone who may interact with youth and be able to positively influence health outcomes or health-seeking behavior, who may be targeted for training.

Demonstrate: This is assessed through observation by the PCV, counterpart or other trainers. An observation should be done of each participant at the beginning and end of the training to be able to determine if there was a change. This could be done through role playing at the training venue or on-the-job observation if feasible.

Student-centered Approach: student-centered approaches addresses different learning styles, problem solving activities and the development of critical thinking skills. Examples of these approaches include role plays, group discussion, pair shares, individual reflection, storytelling, practicums (community-based activity), puzzles etc.

Youth Health and well-being: The training should focus on working with youth around their own health issues. The core components of youth health and well-being curricula are the following:

- Increasing their knowledge and skills around their own sexual and reproductive health;
- Practicing good hygiene
- Increasing awareness of gender and gender equality
- Decreasing their use of tobacco, alcohol and other substances
- Participating in physical activity on a regular basis
- Consuming a healthy and diverse diet;
- Demonstrating strengthened life skills

Data collection**Tool:** Staff Training Tracking tool

Data should be collected once at the beginning of the training (Observation 1) and once at the end of the training (Observation 2). Observations should be done by PCV, counterpart or other trainer and could be done as role play at

the training venue or could be done at their home school if feasible. Only individuals attending 75% of the sessions should be counted under this indicator. Some basic attributes of each participant should also be tracked for reporting purposes. For this indicator, sex (male/female) and type of intervention should be tracked. Posts could also track different fields for their own use.

An individual should only be reported once under this indicator even if they have attended multiple sessions.

Reporting

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

- The individuals must have received at least 75% of the training sessions and/or information offered on prevention of childhood illnesses
- The information must have been provided by the PCV or their partner in an individual or small group setting with 25 people or less.
- Attendance at each session must be documented by the Volunteer or their partner