

<b>STANDARD SECTOR INDICATOR CODE:</b> YD-013-C	<b>Replication ARH:</b> Number of trained peer educators, out of the total number of peer educators the Volunteer/partner worked with, who used their new knowledge of reproductive health concepts to educate their peers with accurate information and healthy practices. (YD-013-C)	
<b>YOUTH SECTOR</b>	<b>Sector Schematic Alignment</b> <b>Project Area:</b> Healthy Lifestyles <b>Project Activity Area/Training Package:</b> Youth Sexual and Reproductive Health	
<b>Type:</b> Outcome	<b>Unit of Measure:</b> Youth Peer Educators	<b>Disaggregation:</b> <b>Sex:</b> Male, Female <b>Type of Youth:</b> In-School Youth, Out-of-school Youth
<p><b>Definitions:</b></p> <p><b>Youth</b> – In-country projects may adapt a locally appropriate definition of youth. While youth are commonly defined as ages 15–24, some external agencies, such as UNFPA and WHO, more broadly define young people as ages 10–29. Volunteer reporting against youth indicators should reflect the ages of youth their project is designed to reach in their host country, and PMs/APCDs should clarify for Volunteers the target age of youth for their activities.</p> <p><b>Partner/s</b> – refers to the local counterpart who is co-facilitating reproductive health activities with the Volunteer.</p> <p><b>Trained peer educator</b> – refers to a young person who is trained to offer information and services on issues of sexual and reproductive health based on the premise that most young people feel more comfortable receiving information from people of the same age group rather than from adults.</p> <p><b>Reproductive health concepts</b> – refers to various sexual and reproductive health topics that a trained peer educator may educate their peers on, including but not limited to: sexuality, relationships, reproductive systems, abstinence, pregnancy and family planning, decision making about sexual health, condoms, STIs, HIV/AIDS, and gender-based violence.</p>		
<p><b>Rationale:</b> Teens often ask their friends health questions before—or instead of—asking their parents, teachers, or other adults in their lives.<sup>1</sup> So peer education is a particularly effective approach for communicating sexual and reproductive health information to youth. An increase in the number of peer educators who are educating fellow peers accurately shows an increase in this effective approach being used for the ultimate physical wellbeing of youth.</p>		
<p><b>Measurement Notes:</b></p> <ol style="list-style-type: none"> <li><b>Sample Tools and/or Possible Methods (for Peace Corps staff use):</b> Volunteers should use data collection tools to measure progress against project indicators. Please check the intranet page through <a href="#">this link</a> to see if one or more approved tools exist for this indicator, select the most appropriate tool for the post, and adapt it at the post level for their Volunteers' use. Please check often, as tools will be uploaded frequently during the year. If no tool is available, this indicator could be measured using surveys or interviews, though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see <a href="#">Appendix I in the MRE Toolkit</a>. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot the tool, and then distribute and train Volunteers on its use.</li> </ol>		

<sup>1</sup> "Guide to Implementing TAP," Advocates for Youth, 2002. Research cited in document as: Damond M, et al., *Making Evaluation Part of Your HIV/AIDS Education Plan: Methods and Measures* (Washington, D.C.: American Red Cross, 1993).

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 “Frequency of Measurement”).
3. **Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with a youth peer educator or group of youth peer educators. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with youth peer educators, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the youth peer educators first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see “Frequency of Measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see “unit of measure”), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where youth peer educators within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the youth peer educators they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with youth peer educators of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same youth peer educator(s), typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Once Volunteers have measured that at least one youth peer educator has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same youth peer educator (or group of youth peer educators) for the following valid reasons:

- a. Volunteers may want to measure whether or not any additional youth peer educators initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- b. Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- c. A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new youth peer educators achieving the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator is any youth peer educator using their new knowledge of reproductive health concepts to educate their peers with accurate information and healthy practices. A youth may have already been educating their peers with correct or incorrect information. If additional education is observed and/or if newly accurate information is used with this education, this represents a positive change for this indicator and the individual would be counted.
- 6. General Reporting in the VRF:** The “number achieved” (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of youth peer educator who, as a result of working with the Volunteer, use their new knowledge of reproductive health concepts to educate their peers with accurate information and healthy practices. The “total number” (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of youth peer educators who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by “Sex” and by “In-School Youth” and “Out-of-School Youth.” When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female gender and by whether or not the youth currently attends school, regardless of the where the activity takes place. When entering data, the Volunteer will report the number achieved and the total number with whom they worked for each of four rows: “Male In-School Youth,” “Male Out-of-School Youth,” “Female In-School Youth,” and “Female Out-of-School Youth.”

**Data Quality Assessments (DQA):** DQAs 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:** YOUTH HEALTH