| STANDARD SECTOR INDICATOR CODE:<br>HE-024 | **Reduced Alcohol Consumption to Less Than One Drink a Day in Females:** Number of females reporting a reduction in alcohol consumption to less than or equal to 1 alcoholic drink a day for the past 30 days | |
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| **HEALTH SECTOR** | **Sector Schematic Alignment**<br>• **Project Area:** Life Skills for Healthy Behaviors<br>• **Project Activity Area/Training Package:** Alcohol and Substance Use Prevention | |
| **Type:** Outcome | **Unit of Measure:** Individuals | **Disaggregation:**<br>**Sex:** Females<br>**Age:** 0-9 years, 10-17 years, 18-24 years 25+ years |

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

- The individual must have reported consuming more than 1 alcoholic drink a day for seven consecutive days at their initial assessment or on any subsequent assessment.
- The individual must have consistently participated in a group facilitated by the PCV or their partner.
- The individual must now report that she drank less than or equal to 1 alcoholic drink per day in the past seven days AND that based on weekly assessments she has consumed less than or equal to 1 drink per day for the past 30 days.

**Definitions:**
**1 drink of alcohol:** is defined as 1.5 fluid ounces (oz) of 80 proof liquor. Generally this amount of alcohol is found in:

- 12-ounces or 360 ml of beer.
- 8-ounces or 240 ml of malt liquor.
- 5-ounces or 150 ml of wine.
- 1.5-ounces or a "shot" of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).

*1 ounces is equal to approximately 30 ml.

**FOR WOMEN:**
**Moderate drinking:** is defined as greater than 1 alcoholic drink a day. This definition refers to the amount of alcohol consumed on any single day and is not intended as an average over several days.

**Heavy drinking**: is often defined in terms of exceeding a certain daily volume (e.g. three drinks a day for women).

**Binge drinking:** is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. It usually corresponds to 4 or more drinks, within about 2 hours for women.

N**o amount of alcohol is safe to drink during pregnancy.**

**Assessment of alcohol use:** Individuals are asked about alcohol consumption for the week (7 days) prior to the assessment.

**Rationale:** The harmful use of alcohol is a global problem which compromises both individual and social development. It results in 2.5 million deaths each year. Alcohol is the world's third largest risk factor for premature mortality, disability and loss of health; it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe. Excessive drinking is associated with numerous health problems, including liver cirrhosis, cancer of the liver, mouth, throat, larynx and esophagus. Studies have shown that women who drink moderately are at increased risk for damage to

the heart muscle and to breast cancer. Binge drinking is a risk factor for sexual assault, injuries from falls and motor vehicle accidents. If the woman drinks during pregnancy her baby may be affected with fetal alcohol spectrum disorders and research suggests that women who drink alcohol while pregnant are more likely to have a baby die from Sudden Infant Death Syndrome (SIDS).

**Measurement Notes:**

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, Peace Corps post staff can access a sample tool on the intranet page through **this link** and adapt it at the post level for their Volunteers' use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

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:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. 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 women and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the target population 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 the bullet on "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 the "unit of measure" above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals 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 individuals 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 members 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 individual(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. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time.

Once Volunteers have measured that at least one individual 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 individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals 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);
- 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;
- 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 individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is a female reporting a reduction in alcohol consumption to less than or equal to 1 alcoholic drink a day for the past 30 days. In the case of this indicator, if the person the Volunteer/partner works with has already reduced alcohol consumption to less than or equal to 1 alcoholic drink a day before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired behavior change. However, if as a result of working with the Volunteer/partner, the individual reduced their consumption of alcohol that would count because the Volunteer's work influenced the behavior of the individual.

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 females reporting a reduction in alcohol consumption to less than or equal to 1 alcoholic drink a day for the past 30 days, after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals 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 "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female in the following age groups: 0-9 years, 10-17 years, 18-24 years, and 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:** Behavior Change to Improve Health