STANDARD SECTOR INDICATOR CODE: HE-012	**Educated on NCD Risk Factors Related to Tobacco Use:** Number of individuals educated on NCD risk factors related to tobacco use and tobacco cessation	
HEALTH SECTOR	**Sector Schematic Alignment** **Project Area:** Life Skills for Healthy Behaviors **Project Activity Area/Training Package**: NCD Mitigation and Nutrition	
Type: Output	**Unit of Measure**: Individuals	**Disaggregation:** **Sex**: Male, Female **Age**: 0-9 years, 10-17 years, 18-24 years, 25+ years

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

- Must have participated in training on non-communicable disease risk factors related to tobacco use and importance of tobacco cessation
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must be documented by the Volunteer or their partner

Definitions:
Smoking cessation: is defined as abstaining from cigarettes for 90 consecutive days or since the last reporting period.

Smoking cessation is associated with the following health benefits:

- Smoking cessation lowers the risk for lung and other types of cancer.
- Smoking cessation reduces the risk for coronary heart disease, stroke, and peripheral vascular disease. Coronary heart disease risk is substantially reduced within 1 to 2 years of cessation.
- Smoking cessation reduces respiratory symptoms, such as coughing, wheezing, and shortness of breath. The rate of decline in lung function is slower among persons who quit smoking.
- Smoking cessation reduces the risk of developing chronic obstructive pulmonary disease (COPD), one of the leading causes of death in the United States.
- Smoking cessation by women during their reproductive years reduces the risk for infertility. Women who stop smoking during pregnancy also reduce their risk of having a low birth weight baby.

Tobacco cessation: is defined as abstaining from all tobacco products (pipes, cigars, cigarettes, snuff, and chewing tobacco) for 90 consecutive days or since the last reporting period.

Rationale: According to the Centers for Disease Control and Prevention, tobacco use is one of the leading preventable causes of death. Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030. Smoking causes cancer, heart disease, stroke, and lung diseases (including emphysema, bronchitis, and chronic airway obstruction). For every person who dies from a smoking-related disease, 20 more people suffer with at least one serious illness from smoking. Cigarette smoke contains a deadly mix of more than 7,000 chemicals; hundreds are toxic and about 70 can cause cancer. Cigarette smoke can cause serious health problems, numerous diseases, and death. People who stop smoking greatly reduce their risk for disease and premature death. Although the health benefits are greater for people who stop at earlier ages, cessation is beneficial at all ages.

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**: Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator for example outcome indicators HE-013, HE-014, and HE-015. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement**: An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on NCD risk factors related to tobacco use and tobacco cessation, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least "80% of the training" or "4 out of 5 days of the training." If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).

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

7. **Reporting on Disaggregated Data in the VRT**: This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female and 2) 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: No link