

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-030	<b>Teachers trained in Harm Reduction for Alcohol and Drug Use:</b> Number of teachers or other formal educators trained to incorporate alcohol and substance use related harm reduction themes into their lesson planning.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <ul style="list-style-type: none"> <li>• <b>Project Area:</b> Life Skills for Healthy Behaviors</li> <li>• <b>Project Activity Area/Training Package:</b> Alcohol and Substance Use Prevention</li> </ul>	
<b>Type:</b> Output	<b>Unit of Measure:</b> Individuals	<b>Disaggregation:</b> <b>Sex:</b> Male, Female <b>Age:</b> 15-17 years, 18-24 years, 25+ years

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

- The individuals must have completed training on harm reduction principles and implementation of harm reduction interventions in the classrooms and schools.
- 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 must be documented by the Volunteer or their partner.

**Definitions:**

**Harm-reduction for alcohol and drug use** - HAMS defines harm reduction as a set of practical strategies intended to reduce the negative consequences of overdrinking or drug use using a non-judgmental, and pragmatic approach that does not demand abstinence but instead works to minimize their harmful effects. Harm reduction does not attempt to force people to change in ways which they do not choose for themselves. According to UNDOC, the following harm reduction strategies or measures should be incorporated into all harm reduction programs:

**Education strategies:** The first step in harm reduction is to provide accurate information about the consequences and risks of drug use and promote behaviors that reduce risk. Education should include information on physical and psycho-social risks of drug abuse, risks of overdose, infectious diseases, driving problems, and cardiovascular, metabolic, and psychiatric disorders. Education needs to be combined with other interventions, such as brief interventions (see below), in order to be effective. Educational strategies may include information on safer sex practices to reduce the risk of HIV transmission and information on the consequences of the various ways that drugs can be taken (routes of administration). These strategies also need to include information on health and social services available in your area.

**Brief Interventions and Counseling:** Brief interventions are focused on changing high-risk behaviors. These interventions might include single-session therapy, cognitive behavioral therapy, and/or motivational interviews.

**Interventions to reduce injury and violence:** Drugs such as alcohol have been related to injury, violence, and public disorder. Strategies to change the environment may be helpful, such as changing alcohol containers (from bottles to plastic glasses), banning beverages with high concentrations of alcohol, community mobilization, etc. Other interventions can be aimed towards reducing road accidents by promoting public transportation, punishment for drinking and driving, etc.

**Rationale:** Harm reduction is a practical approach that employs a range of different strategies with the goal of minimizing the risk of the client contracting infectious diseases, overdosing, or suffering other consequences related to the use of substances. Although abstaining from all alcohol may be the ideal it is often unachievable and it may be more realistic to adopt strategies to minimize the harmful effects of alcohol.

**Measurement Notes:**

- 1. Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names and sex of participants who were trained in the harm reduction model will capture the needed data.
- 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. 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 harm reduction for alcohol and drug use, 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 male and female in the following age groups: 15-17 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