

STANDARD SECTOR INDICATOR CODE: HE-180	New CHWs and Para-social Workers Completing Pre-service Training - Number of community health and para-social workers who successfully completed a pre-service training program	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Health System Strengthening • Project Activity Area/Training Package: Health System Strengthening, HIV Care, Support & Treatment 	
Type: Short-term Outcome	Unit of Measure: General Population	Disaggregation: Sex: Male, Female Age: 15-17 years, 18-24 years, and 25+ years

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

- The individuals must have received at least 1 hour and not more than 6 months of training or provision of services that had clearly defined goals and objectives **and**
 - Was based on sound behavioral and social science theory
 - Was focused on preparing sound pre-service training
 - Had activities that entirely trained individuals
 - Employed instructionally sound teaching methods
 - Provided opportunities to practice relevant community health and para-social skills
- 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.
- Provide opportunities to practice relevant community health and para-social worker skills
- Attendance in the session/s must be documented by the Volunteer or their partner

Definitions:

Pre-Service Training - Training that equips Community Health Social Workers (CHSWs) to provide services for the first time. Oftentimes this training is offered to CHSWs once they have been hired but before they begin providing services to the community.

Para-Social Workers - Workers that work under the supervision of a professional social worker, nurse, or physician. Workers receive training for anywhere from a few days to 6 months of training.

Social Support Workers - Workers that provide some type of health related service and do not have the length or breadth of training to qualify as a health care professional or para-professional as defined by H2.1.D. Workers receive training for anywhere from a few days to 6 months of training. Here is a list of examples of social support workers: community health aids, community health workers, care givers, family support workers, peer educators, adherence counselors, expert patients, home health aides, lay counselors, lay health workers, palliative care givers, village health assistants, accompagnateurs, etc.

Professional Social Workers - Workers that generally have 4-7 years of training and have completed undergraduate and/or graduate training in social work. These workers are nationally recognized as a professional social worker.

Rationale: CHSWs are an important part of overall HRH strategies in countries but may not be captured through more formal training institutions and, in the case of PEPFAR Phase II, not captured in the indicator for 140,000 new health workers. It is important to quantify CHSWs for planning, expansion and setting supervisory ratios.

Becoming a community health or para-social worker is often also an important first step to entering the health workforce. In this way, supporting the development of CHSWs contributes to the pipeline for health workers.

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 the tool has been adapted or a local version developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

You may also develop your own data collection tool, particularly for one-on-one, on-the-job training, and other forms of trainings. A data collection tool to measure this indicator could be based on the following standards:

- Provide basic information on the trainee(s), including name, title or type of health worker, official contact information, sex, and age.
- Title of the training and a brief description of the objectives or content.
- Date(s) and length of training (remember training lasting more than 6 months does not count here).
- Where appropriate, pre-and post-test scores.
- Any other information relevant for VRT reporting requirements.

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. Also, share the tool with OGHH.

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-collection 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 of the number of community health and para-social workers trained in the skills to be addressed by the pre-service training early in their work. The information for the baseline measurement will be the same or very similar to the information that will be collected after the Volunteer has conducted his/her training activities.

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 to determine the number of health professional already knowledgeable/skilled in the content to be addressed by the training, Volunteers should take at least one follow-on measurement during or after the training. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRT.

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 VRT.

- 5. Definition of Change:** The minimum change to report against this indicator is an individual (community health and para-social worker) successfully completed a pre-service training. In the case of this indicator, change is reported as soon as an individual has completed the pre-service training and is added to the list of community health and para-social workers knowledgeable or skilled in the content addressed by the training.
- 6. General Reporting in the VRT:** The “number achieved” (or numerator) that Volunteers will report on for this indicator in their VRT is the number of individuals (community health and para-social workers) who have successfully completed the pre-service training organized by the Volunteer/partner. The “total number” (or denominator) that Volunteers will report on for this indicator in their VRT is the total number of community health and para-social workers who are eligible for the in-service training.
- 7. Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by “Sex” and “age”. When reporting in the VRT, a Volunteer should disaggregate the individuals who successfully complete the pre-service training based on male and female, and on 15-17 years, 18-24 years, or 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: Health Systems Strengthening