

<p><b>STANDARD SECTOR INDICATOR CODE:</b> AG-047 FTF  (FTF Code: 3.1.9-1)</p>	<p><b>Nutrition Education:</b> Number of people trained in child health and nutrition through Peace Corps-supported health area programs. (AG-047 FTF)</p>	
<p><b>AGRICULTURE SECTOR</b></p>	<p><b>Sector Schematic Alignment</b> <b>Project Area:</b> Resilience and Stability <b>Project Activity Area/Training Package (PA/TP):</b> Nutrition for Healthy Families</p>	
<p><b>Type:</b> Output</p>	<p><b>Unit of Measure:</b> Individuals</p>	<p><b>Disaggregation:</b> <b>Sex:</b> Male, Female</p>

**Definition:**

**“People” include but are not limited to:** health professionals, primary health care workers, community health workers, volunteers, non-health personnel, mothers, caregivers, youth, agriculture extension workers, etc.

**Child health and nutrition activities include but are not limited to:** workshops, sessions, events, activities, programs, etc. that educate and promote adoption of nutrition related behaviors to improve children’s health and well-being. Educational content can serve to increase participants knowledge or skills in preparation of appropriate, nutrient-dense meals, optimal breastfeeding practices, improve complementary feeding practices for children six months to two years, types of malnutrition and nutritional status of children, understanding of methods to manage food- and water-borne illnesses, use of micronutrient supplements to improve a child’s daily dietary intake, to increase participation in regular child growth monitoring activities, promote any of the Essential Nutrition Actions, prevent and reduce overweight and obesity, etc.

**Peace Corps assistance/training may include but is not limited to:** financial aid, workshops, demonstrations, lessons, service delivery, or activities conducted by any agency or organization of the U.S. government or any contractor working at the direction of the U.S. government. These activities typically are conducted to provide participants with knowledge and/or skills, technical assistance, learning opportunities, services or expand coverage for services, etc.

For this indicator, please simply count the training attendance numbers without distinguishing whether the same person received multiple trainings. In that case, that person would be counted several times, which *IS* acceptable for this indicator – in other words, **you may double-count for this indicator.**

**Rationale:**

Development of human capacity through training is a major component of USG- (including Peace Corps) supported health and nutrition programs. Activities that change behaviors are those that are most likely to lead to measurable impacts. However, education remains a critical initial step in empowering and enabling community members to take on activities or change behaviors that may benefit them. Though often a lack of knowledge or awareness is wrongly presumed to be the major obstacle in development programming generally, in health and nutrition there is a great deal of confusion around how best to feed and care for children to optimize their growth and development. Education is seen as a first step in setting the stage for improving health and nutrition outcomes.

**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 child health and nutrition 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 “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 child health and nutrition, he/she will want to keep track of the number of individuals who participated in the event(s) and report on it in the next VRF. For this indicator please simply count the training attendance numbers without distinguishing whether the same person received multiple trainings. In this case, that person would be counted several times, which is acceptable for this indicator.
- 5. Definition of change:** Outputs do not measure any changes.
- 6. General Reporting in the VRF:** 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 VRF:** This indicator is disaggregated by “Sex”. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by male and female.

**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 M&E Suite of Field Resources.

**Alignment with Summary Indicator:** AG. CHILDHOOD HEALTH/NUTRITION TRAINING (INDIVIDUALS)