INDICATOR: Number of target population reached with individual or small group-level training on youth health and well-being

<table>
<thead>
<tr>
<th>STANDARD SECTOR INDICATOR CODE:</th>
<th>HEALTH SECTOR §</th>
<th>PROJECT AREA: Youth Health and Well-Being</th>
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<tbody>
<tr>
<td>HE_YOUTH_260</td>
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Type: Output  
Unit of Measure: Individual  
Disaggregation: Male by Age:  
<1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+  
Female by Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+  

Related Objective: Increase the knowledge and skills of youth to improve their health and well-being through health and life skills education and linkages to youth-friendly services (Objective 1)

Precise definitions

Target population: The population that will most benefit from this activity should be defined by the post and community where a PCV is placed. In this case, youth of either ages 10–14 or 15–19, and their caregivers are most likely the target population, but other target populations may be defined or specified within this range. The targeting should be based on existing data in the community and any formative research, such as Designing for Behavior Change, Participatory Analysis for Community Action (PACA), or other similar tools.

Reached: This indicator is not intended to capture one-time activities or events, but should instead focus on the individuals participating in activities that are ongoing, such as youth groups, clubs, camps, parent groups, etc. Increasing knowledge and changing behavior is a longer-term process and requires multiple interaction with the same individual. While there may be some utility in once-off events, this indicator is focused on individuals who attend at least 75 percent of predefined sessions co-facilitated by the PCV and their counterpart or other local health staff/volunteers.

Individual training: an intervention that is provided to one individual at a time.

Small group-level training: an intervention delivered in a small group setting of 25 or less.

Youth health and well-being: the core components of youth health and well-being curricula are the following:
- Increasing knowledge and skills around sexual and reproductive health
- Practicing good hygiene
- Increasing awareness of gender and gender equality
- Decreasing use of tobacco, alcohol, and other substances
- Participating in physical activity on a regular basis
- Consuming a healthy and diverse diet
- Demonstrating strengthened life skills
To be counted under this indicator, an individual must be reached with at least one of the above topics. Even if a person attended multiple sessions, they can only be counted once under this indicator when they have completed the intervention. They can be counted again, once, in the next fiscal year.

**Data collection**

**Tool:** Youth Health Training Tracking Tool

Data should be collected routinely at each session documenting the attendance for each topics related to youth health and well-being. A PCV and their counterpart should track each individual across sessions to assess how many total sessions each participant attended by the end of the intervention. Only individuals attending 75 percent of the sessions should be counted under this indicator. Some basic attributes of each participant should also be tracked for reporting purposes. For this indicator, sex (male/female) by age (<1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+) should be tracked. Posts could also track different target populations for their own use or other similar attributes.

The number achieved will be used to show results for the current fiscal year and to identify the participants who will be followed-up with as part of the Youth Health Outcomes Survey tool. This survey tool should be used as a pre-test at the beginning of the intervention and as a post-test at the last session to assess knowledge change. Finally, three to six months after the intervention, the PCV and their counterpart will implement a short outcome survey with those that attended at least 75 percent of the youth health and well-being sessions. This will be used to assess retention of information and whether the youth actually have begun to adapt the new behaviors. See Youth Health Outcomes Survey for further instructions on survey implementation.

**Reporting**

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

- The individuals must have received at least 75 percent of the training sessions and/or information offered on youth health and well-being.
- The information must have been provided by the PCV or their partner in an individual or small group setting with 25 people or less.
- Attendance at each session must be documented by the Volunteer or their counterpart.