**INDICATOR:** Number of individuals trained to work effectively with youth related to their health

**STANDARD SECTOR INDICATOR CODE:** HE_YOUTH_261
**HEALTH SECTOR:** Youth Health and Well-Being
**PROJECT AREA:** Youth Health and Well-Being

**Type:** Output  **Unit of Measure:** Individual

**Disaggregation:**
**Sex:** Male, Female
**Relation to youth:** health service provider, school-based staff, NGO/CBO, government staff, family member, community member

**Related Objective:** Increase the capacity of school-based staff and health-care workers to provide equitable health education and youth-friendly services (Objective 3)

**Precise definitions**

**Individuals:** Individual in this indicator refers both to the more formal structures such as school-based or health clinic staff who work directly with youth to support their health needs—either through education or direct services delivery. This category could also include individuals working at an NGO or community-based organization, government staff (youth resource officers), or others who interact with youth formally through their jobs and in a position to support youth health needs. This indicator also can be used to capture more informal training with the community and/or family on how to support youth behavior change around health or linking to needed services.

**Trained:** This indicator is not intended to capture informal or once-off activities, but should instead focus on individuals participating in a more formalized training curricula and/or coaching activity. 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 a PCV and their counterpart or other local health staff/volunteers. This could be one-on-one (coaching) or a small group training of 25 or less.

**Youth:** The Youth Health and Well-Being project focuses on young people between the ages of 10 and 19 because this is such a crucial time in terms of developing lifelong behaviors that impact health. Each country may have its own definition for youth and posts can use this definition to align with government reporting and priorities. The age disaggregations should be used to reflect the age of the participants.

**Work effectively:** If in a facility, individuals should attract adolescents, responsively meet their needs, and succeed in retaining these young clients for continuing care. Youth-friendly services should offer a wide range of sexual and reproductive health services relevant to adolescents’ needs. While it is not always possible, attempts should be made to identify and provide the most needed sexual and reproductive health services, including sexually transmitted infection/HIV services, at the same clinic. These services should include sexual and reproductive health counseling, contraceptive counseling and provision (including emergency contraception), sexually transmitted
infection/HIV prevention, counseling and testing, treatment and care, prenatal and postpartum care, sexual abuse counseling, relationship counseling, and safe abortion and abortion-related services.¹

In more informal settings, individuals should work with youth in a respectful way and listen to their needs. They can help ensure knowledge around the following topics, as well as facilitate access to needed services or resources:

- Increasing their knowledge and skills around their own sexual and reproductive health;
- Practicing good hygiene
- Increasing awareness of gender and gender equality
- Decreasing their 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

Data collection
Tool: Youth Health Training Tracking Tool

Data should be collected routinely at each session documenting the main topics covered with individuals supporting youth. The PCV and their counterpart should track each individual separately for each session to assess how many total sessions each participant attended by the end of the intervention. Only individuals attending at least 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) and relationship to the youth (health-care worker, school-based staff, NGO/CBO, family member, community member) should be tracked. Posts could also track different fields for their own use.

An individual should only be reported once under this indicator even if they have attended multiple sessions.

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 prevention of working effectively with youth.
- The information must have been provided by a 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 partner.