

<p>STANDARD SECTOR INDICATOR CODE: HE-033</p>	<p>Individuals trained in sexual reproductive health and modern contraceptive methods: Number of target population reached with individual or small group level training on sexual and reproductive health and modern contraceptive methods.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Life Skills for Healthy Behaviors • Project Activity Area/Training Package: Youth Sexual and Reproductive Health 	
<p>Type: Output</p>	<p>Unit of Measure: Youth</p>	<p>Disaggregation:</p> <p>Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

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

- The individual must have participated in a session on sexual reproductive health including methods of modern contraception;
- 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 at educational session/s must be documented by the Volunteer or their partner

Definition:

Sexual reproductive health (SRH) is defined by the WHO as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Modern contraceptive methods include: female sterilization, male sterilization, the pill, the IUD, injections (such as Depo-Provera), implants (such as Norplant), the female condom, the male condom, the diaphragm or cervical cap. Non-modern contraceptive methods include foam or jelly when used alone, rhythm method, withdrawal, lactational amenorrhea, and abstinence.

Rationale: Improving reproductive health is central to achieving the Millennium Development Goals on improving maternal health, reducing maternal and infant mortality and promoting family planning, so that women can avoid unwanted pregnancy. Premarital exposure to pregnancy risk has increased, with a widening gap between sexual debut and age of marriage, and increased sexual activity prior to marriage, placing young women at increased risk of pregnancy when they are most socially and economically vulnerable. Increasing modern contraceptive decreases unwanted pregnancies and STI in youth.

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, ages, and sex of participants who were trained in youth sexual reproductive health (YSRH) and modern contraceptive methods 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 YSRH and modern contraceptive methods, 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: 0-9 years, 10-14 years, 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