

Adolescent Development:ARSH Indicators

	Indicator Name	Definition		Means of Verification				Notes
		Description	Calculation	Source	Tool	Freq.	Person	
STRATEGIC OBJECTIVE	Total RH service Visits	Number of total visits at SDPs by adolescents during set time period	Sum of visits by adolescents during time period	Health service staff tracks number of youth clients (or by Youth Community Based Distribution Agent- YCBDA)	Health Service records or YCBDA records, LQAS	Monthly or quarterly	YCBDA and health service contact	RH services include FP visits, STI testing and treatment, RH counseling, antenatal and postnatal care at health facilities or at community based delivery points (mobil clinics, YCBDA, etc.)
	New RH Service Visits	Number of new adolescent clients visiting health SDP's (service Delivery Point)	Total # of new adolescent clients visiting health SDP	Health service staff tracks number of new clients	Health Service records or YCBDA records, LQAS	Monthly or quarterly	YCBDA and Health service contact	This will give you a sense of how many adolescents visited SDPs
	Youth Couple Years of Protection	The estimated protection provided by family planning service delivery during a 12-month period, based on the total volume of all contraceptives sold or distributed free of charge to clients during that 12-month period	(seek TA if unclear) • SDM: 2 years per trained, confirmed adopter • Condoms: 120 distributed = 1 CYP • Depo Provera (injectable): 4 doses (ml)= 1 CYP • LAM: 4 active users = 1 CYP • Oral contraceptives: 15 cycles = 1 CYP Total CYP = Sum of the CYPs across all methods	Health service records, YCBDA records, TBA forms (any service providers distributing contraceptive methods to youth)	Consolidation forms/ monthly reporting forms	monthly or quarterly	Calculated by ARSH program manager	Please seek TA assistance to in using this indicator. It is a good results level indicator to show impact of all methods distributed including condoms for family planning use.
	VCT utilization	Number of adolescents who have gone for VCT (voluntary testing and counseling) during time	Sum of VCT visits	VCT registry	Utilization records, disaggregated by sex, age at VCT sites	monthly or quarterly	VCT or health service contact	

Adolescent Development:ARSH Indicators, continued

	Indicator Name	Definition		Means of Verification				Notes
		Description	Calculation	Source	Tool	Freq.	Person	
STRATEGIC OBJECTIVE	Rate of behavior change/ adoption of positive practice	Percent of adolescents who report adopting at least one positive practice (abstinence, monogamy, partner reduction, condom use, contraceptive use)	# of adolescents reporting adoption of positive practice X100/ Total # of adolescents	*****Survey (only to be completed when the program calls for a special survey) *****	*****survey (self reported by youth) *****	Baseline/ endline	ARSH program manager	
	RH service Utilization rate	Percent of adolescents who received RSH services (type of service to be specified by COs)	# of adolescents receiving RH services x 100/ Total # of adolescents			Baseline/ endline	ARSH program manager	
IR #1	Availability of YFHS (Youth Friendly Health Services)	Percent of service delivery points (SDPs) in target areas where adolescents can obtain reproductive health services (SDP included facility based and community based RH services)	# of SDPs where young people can obtain (youth Friendly) services x 100/ Total # of SDPs in target area	project reports of trained YCBDA's and health clinics meeting YFHS standard	YFHS checklist & youth friendly health assessment tool	Annually	ARSH program manager	Definitions and compenents of YFHS can be provided by the ARSH TA provider as well as sample checklist to monitor YFHS
	Contraceptive Supplies	Percent of SDPs with a regular supply of FP commodities during the last three months(eg. condoms, modern contraceptives)	# of SDPs with a regular supply of FP commodities in last 3 months x 100/ Total # of SDPs in target area	YCBDA and Clinic records	Health service staff and YCBDA records of stock-outs monthly	Annually	YCBDA and Health service contact	Alternativlly, one can also use Contrceptive stockouts: % of SDPs expereinceing a stock-out in the last three months of FP commodities
	Youth Friendly Hours at SDP	Percent of SDP which have flexible hours for youth	# of SDP with flexible hours X 100 / Total number of SDP in target area	Clinical Assessments/ project reports/ health service records	YFHS checklist & youth friendly health facility assessment tool	Annually	ARSH program manager	

Adolescent Development:ARSH Indicators, continued

	Indicator Name	Definition		Means of Verification				Notes
		Description	Calculation	Source	Tool	Freq.	Person	
IR #2	Client satisfaction	Percent of adolescent clients satisfied with care received from RSH service providers	# of adolescent clients satisfied with care received from RSH service providers x 100/ Total # of adolescent clients using RSH services	clients at health services or survey respondents	client exit interviews as periodic study or self-reported in a survey	When Clinical assessments are done or in a survey	ARSH program manager	
	Trained Youth Friendly Providers	Percent of providers specially trained to work with youth	# of providers who were trained in youth friendly services and communication with youth X 100/ Total # of providers	Tracked by SC project staff	project records	Annually	ARSH program manager	
	Client Confidentiality	Percent of SDP's with sufficient privacy for counseling	# of SDPs with sufficient privacy for counseling x100/ Total # of SDPs	Health assessments	YFHS checklist and youth friendly health assessment tool, confidentiality checklist	Annully or as needed for project monitoring	ARSH program manager	Client confidentiality may be one item on a YFHS checklist
	Quality Improvement Process	Number of SDP which have been engaged in in a Quality Improvement Process (PDQ, COPE, PI, etc.)	Sum of SDPs using PDQ for Youth (or another quality improvement process)	project records	Project records	Annually	ARSH program manager	PDQ for youth is the Save the Children developed Quality Improvement process most widely used in the our Cos.
	Quality Improvement Teams: Youth Involvement	Number of QI teams where youth are present at each meeting	Sum of QIT with youth involvement at each meeting	QIT records	QIT attendance	Annually	ARSH program manager	QIT are formed after the PDQ for Youth process to ensure collective action and quality improvements. Yet, youth should be present at every QIT meeting to truly say there is youth involvement.

Adolescent Development:ARSH Indicators, continued

	Indicator Name	Definition		Means of Verification				Notes
		Description	Calculation	Source	Tool	Freq.	Person	
IR #2	Youth Friendly Health Information Systems	Percent of SDPs in target area that have modified/ established record-keeping tools to track adolescent visits	# of SDPs that have modified/ established record-keeping tools to track adolescent visits x 100/ Total # of SDPs in target area	Program staff tracks changes in SDP protocols for record-keeping, Clinical assessments	Program documentation	Annually	Health service contact	
IR #3	Delay Sexual Debut	Percent of adolescents not yet sexually active who wish to delay sexual debut for 6 months	# of adolescents not SA who intend to delay sex for 6 months x 100/ Total # of adolescents not SA surveyed	Self Reported in a survey	*** ARSH IR#3 indicators to be tracked through a special survey when needed and agreed upon with Home office TA. Specific technical assistance for development is recommended for these indicators ***	Baseline & end line	ARSH program manager	
	HIV Knowledge	Percent of adolescents who can name three ways of preventing STI/HIV/AIDS	# of adolescents who can name 3 ways of preventing HIV X 100/ Total # of adolescents surveyed	Self Reported in a survey		Baseline & endline	ARSH program manager	
	Parental or Partner RH communication	Percent of adolescents who talked with their parents (or partners) regarding contraception in the past 3 months	# of adolescents who talked with parents regarding Reproductive Health issues in the past 3 months X 100/ Total # of adolescents surveyed	Self Reported in a survey		Baseline & endline	ARSH program manager	RH issues include puberty, abstinence, condom use, contraception use, marriage plans, fertility plans, etc.
	Knowledge on Available ARSH services	Percent of adolescents who know where to get contraception/ condoms/ HIV testing	Number of adolescents who know where to get a method (or condoms or HIV testing) X 100/ Total # of adolescents surveyed	Self Reported in a survey		Baseline & endline	ARSH program manager	

Adolescent Development:ARSH Indicators, continued

	Indicator Name	Definition		Means of Verification				Notes
		Description	Calculation	Source	Tool	Freq.	Person	
IR #3	Condom negotiation	Percent of adolescents who believe they could successfully negotiate condom use with their partner	# of adolescents who believe they could successfully negotiate condom use with their partner x 100/ Total # of adolescents surveyed	Self Reported in a survey	*** ARSH IR#3 indicators to be tracked through a special survey when needed and agreed upon with Home office TA.	Baseline & endline	ARSH program manager	
	perceived Refusal skills	Percent of adolescents who feel confident they could refuse unwanted/coerced sex, drugs or alcohol	# of adolescents who feel confident they could refuse unwanted/coerced sex, drugs or alcohol x 100/ Total # of adolescents surveyed		Specific technical assistance for development is recommended for these indicators ***	Baseline & endline	ARSH program manager	
IR #4	Cross cutting: Safe Spaces	Number of communities with safe spaces for youth gathering	Sum of communities with safe spaces	Project records	Program staff tracks safe spaces	Annually	ARSH program manager	Safe and supportive environments are regarded as a prerequisite for the program to have a real effect on its beneficiaries. This is especially true for girls, who historically have been excluded, whether intentionally or unintentionally, from public spaces.
	Government Policies	Notable changes in ARSH policy in the last 12 months	Yes or No	Environmental scan	Program staff tracks policy changes	Annually	ARSH program manager	