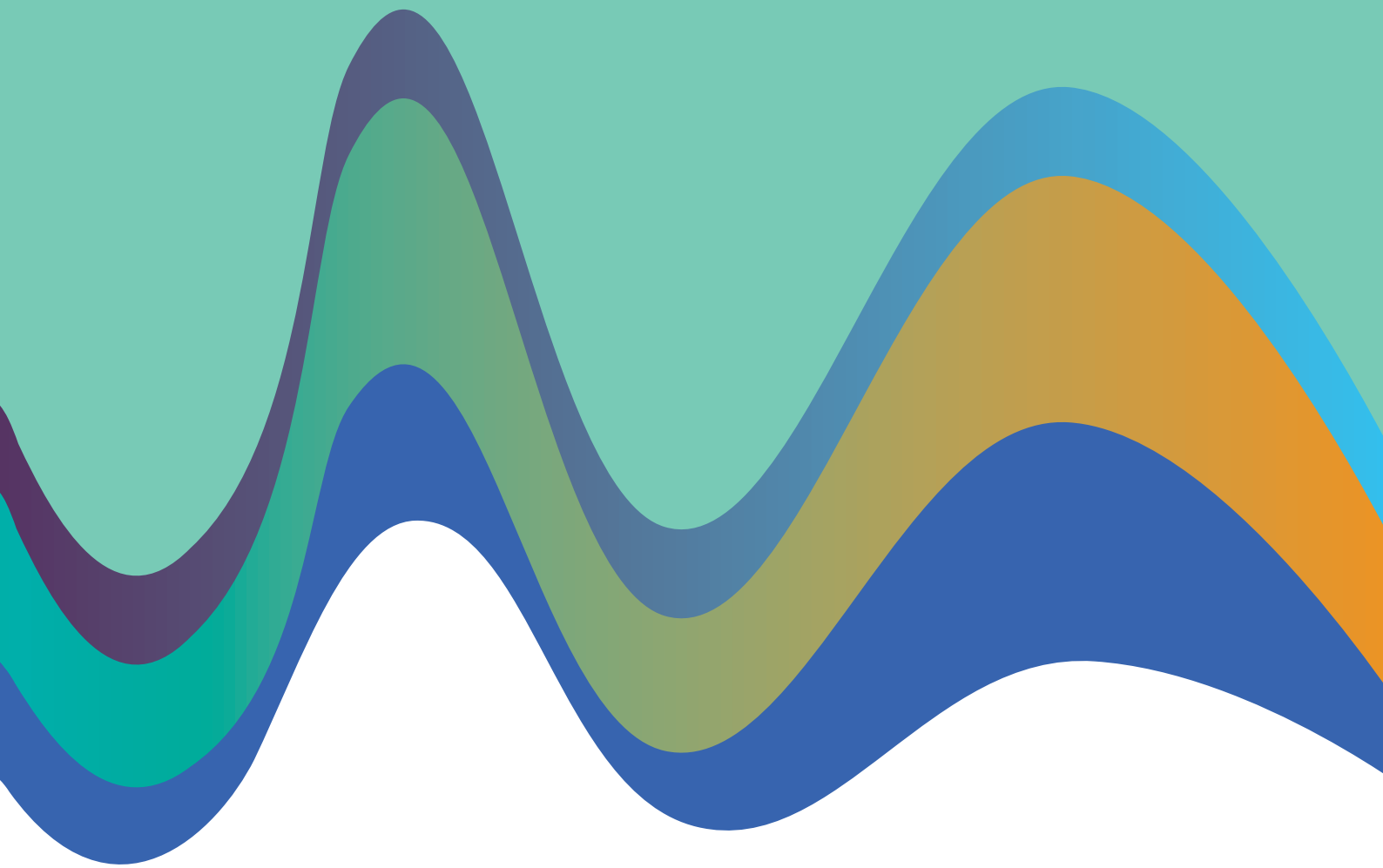
Core Indicator Reference Guide

An operational guideline on defining and management of reporting against indicators



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Monitoring and Evaluation Unit
The Family Planning Association of Sri Lanka

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August, 2014

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Foreword

The Family Planning Association of Sri Lanka (FPA Sri Lanka) is the pioneer institution to initiate and establish a space for Sexual and Reproductive Health (SRH) services in the country. While it's aim is to develop components related to health and wellbeing, FPA Sri Lanka also moulds the quality of peoples' lives. During the past 60 years, FPA Sri Lanka has made vast strides in every sphere of family planning and continues to reach out to where services are needed most. It serves the society through five pillars of beliefs - Reaching out, Building Trust, Volunteerism, Sustainability and Breaking New Ground. FPA Sri Lanka addresses sexual and reproductive health related issues through political, legal, social, cultural and economic avenues while focusing on a rights-based and gender sensitive framework to provide its services to all in Sri Lanka, and maintaining the highest level of confidentiality at all times. FPA Sri Lanka implements its programs under five themes; HIV and AIDS, Abortion, Access, Advocacy and Adolescents.

FPA Sri Lanka has a well-established computer based data system for service sections (Client Information Management System - CIMS) which is under the umbrella of a broader data system (Management Information System- MIS). The system provides analytical results for program feedback including inputs for periodic reporting to different donors. All program units feed data into the system regularly.

Realizing the importance of monitoring and evaluation of programs in ensuring quality, smooth operation and capturing results, FPA Sri Lanka developed a Monitoring and Evaluation Policy, which aligned with the organizational Vision, Mission and core values. The monitoring and evaluation policy of the organization should give the right direction to all M&E functions. The M&E policy is supported by an M&E manual that includes reporting formats, data collection tools and evaluation guidelines.

This Core Indicator Guide is intended to as a tool to strengthen the FPA monitoring and evaluation system with necessary indicators and all relevant information for those indicators. It will be easier for designing projects, measuring results and implementation progress and conducting evaluations using indicators included in the guide. The Core Indicator Guide will serve as a resource guide for FPA staff and programme units for convenient use of indicators.

Thushara Agus

Executive Director
FPA Sri Lanka

Thursday, September 04, 2014

Acronyms

BCC	Behavior Change Communication
CYP	Couple Years of Protection
DU	Drug Users
FP	Family Planning
FPA	Family Planning Association (of Sri Lanka)
FSW	Female Sex Worker
IPES	Integrated Package of Essential Services
IPPF	International Planned Parenthood Federation
MARP	Most At Risk Populations
MCH	Maternal and Child Health
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
PAC	Post Abortion Care
PLHIV	People Living with HIV
PMSU	Poor, Marginalized, Socially excluded and Under-served
SDP	Service Delivery Point
SMP	Social Marketing Programme
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing

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Introduction and Background 158

1

Introduction and Background

1.1 The health sector in Sri Lanka has experienced new challenges in implementation of family planning, especially sexual and reproductive health projects/programs over the past decade mainly due to dwindling resources coupled with poor state funding. In response to the challenge the FPA Sri Lanka has embarked on a five year Strategic Plan (2011-2015) aimed to reform program implementation, which aims at improving access to quality reproductive health services on the basis of equity and social justice. Others are strengthening the capacity of the system to measure the impact of interventions while ensuring sustainability of accrued gains and FPA's vision and Mission as follows:

Vision

FPA Sri Lanka to be the pioneer in providing sexual and reproductive health as a right for all.

Mission

Enrich relationships to improve the quality of life of individuals by advocating sexual and reproductive health rights and providing services while maintaining sustainability and volunteerism.

1.2 To address the above challenges, departments / units and various programs of FPA Sri Lanka are developing or updating policies and strategies to be in line with the FPA Sri Lanka objectives. These will only provide the road map towards the FPA Sri Lanka overall targets and unless their implementation and impact is continuously monitored and measured, the goals might not be realized. It is therefore, imperative that a well-defined M&E policy is in hand and M&E capability is strengthened to support the above initiatives.

1.3 An M&E unit has been established at FPA Sri Lanka to coordinate the organization's performance measurement processes and build M&E capacity at operational levels. In the past, several programs of FPA Sri Lanka have used various methods to gather data for measuring their performances but the translation of the information thereof for improving performance has not been systematic. The new unit therefore faces the challenge of establishing a systematic M&E program, a culture of using M&E information and an incentives structure that supports better performance.

1.4 It is envisaged that the M&E unit will coordinate the process of translating FPA's mission into strategic indicators and develop methods for tracking performance. The methods must be understandable and acceptable at all levels; they should include appropriate data collection and processing, publication and dissemination of achievements and new lessons.

1.5 The M&E unit will develop a "Procedures Manual" for M&E and the Core Indicator Reference Guide will be part of it. The Core Indicator Reference Guide will be used as main reference resource material for indicators.

1.1. Strategic Focus and Key Thematic Areas

Advocacy

To 'advocate' is to actively look for change at policy level, to an issue that has been long ignored or often the importance of which has been downplayed in the social sphere on an emerging issues. At FPA Sri Lanka, we believe on sexual and reproductive rights to be internationally recognized human rights and would be assured to, and exercised by every individual. We are also committed to gender equity and support elimination of all forms of violence, stigma, and discrimination experienced by adolescents, youth, and women of all ages.

Sri Lanka has strived to achieve its MDG targets during the past 10 years and the results have shown a considerable improvement in the overall sexual and reproductive health sector. Conversely, gaps still exist in sexual and reproductive health, and its sub areas, that need to be extensively advocated. Maternal mortality ratio does not wholly measure maternal health; for behind every woman who dies from complications during pregnancy or childbirth, 20 women survive, but suffer ill health or disability. Acknowledging that, women need access to broader reproductive health services, especially family planning, skilled assistance at birth, and access to emergency obstetric and neo-natal care for management of complications to reduce maternal mortality further. These aspects need to be seriously looked into and need to be lobbied widely in order to create a society with improved sexual and reproductive health.

In this scenario, FPA Sri Lanka will work towards ensuring universal access to sexual and reproductive health and rights in the country by engaging communities and policy makers to focus on emerging issues relating to demographic changes through a process that respects the right of individuals.

Adolescents

Sexual and reproductive health is a sensitive issue in Sri Lankan society, making it difficult to provide accurate and timely sexual and reproductive health knowledge to young people and youth. Their vulnerability to health and social hazards such as unwanted pregnancies, sexually transmitted infections including HIV/AIDS stems from a lack of knowledge. Considering the utmost need for easily accessible accurate information FPA Sri Lanka strives to provide leadership in developing youth friendly and gender sensitive approaches.

AIDS/HIV

FPA Sri Lanka has established strong and effective partnerships with the government and other NGOs to prevent and mitigate the spread of HIV/AIDs through sexual transmission. This program is attempted through educational programmes, intensive awareness creation, and aggressive marketing campaigns on the promotion and usage of condoms. As a right based organization, FPA Sri Lanka strives hard to protect and promote the rights of the people living with HIV. A pioneer in reproductive health, it is the mission of FPA Sri Lanka to eliminate transmission of HIV to children by strengthening the Prevention of Mother To Child Transmission (PMTCT) strategies.

Access

Lack of access to sexual and reproductive health services and information contributes to high levels of morbidity and mortality for largely preventable sexual and reproductive health problems. A rights-based approach to access draws attention to the inequities in service delivery and the discriminatory practices marginalizing people and denying them the opportunity to seek care. Access to sexual and reproductive health signifies that sufficient information, accessible and acceptable means to services are available to meet the different needs of individuals. It also encompasses access to information and services on prevention, diagnosis, counseling, treatment and care.

Compared with other countries in the region Sri Lanka possesses impressive socio-economic, health and demographic indicators but in spite of them, substantial geographical disparities exist. In addition to geographical disparities, there are serious discrepancies in providing SRH services to special vulnerable groups – such as commercial sex workers, MSM (men having sex with men), drug users, persons affected by HIV/AIDS, and displaced & disabled persons. These differences and inequities violate the fundamental sexual and reproductive health rights of vulnerable people. FPA Sri Lanka aims on creating space to ensure that all persons, with special emphasis on vulnerable groups, will have equitable access to sexual and reproductive health services and information without any discrimination, restrictive laws, policies or practices.

Abortion

A National survey conducted in 1999 reported an abortion rate of 45 per 1000 women in the 15 – 49 age groups. The alarming factor is the prevalence of induced abortion among married couples being 94%, with an abortion rate of 58 per 1000 among ever married women. Addressing the pressing issue regarding abortion, FPA Sri Lanka advocates for the amendment of law to include

the allowance for legal abortion in cases of severe fetal abnormalities, rape or incest. FPA Sri Lanka also aims at increasing access to contraceptives, through its well established Service Delivery Points, thereby reducing the number of unplanned and unwanted pregnancies leading to abortions.

2

How to use this guide

This guide is intended for programme and monitoring & evaluation staff of FPA to use as a reference guide when developing project designs or monitoring and evaluation plans/ frameworks. The guide includes indicators at different results levels in five main programme areas and separately operational indicators. The purpose is that programme and monitoring & evaluation staff can easily mention the indicator number from the reference guide in project proposals and M&E frameworks/ plans without mentioning details as details are mentioned in the guide. The guide can be an annexed to any project proposal or M&E framework/ plan so that the reader can refer to the guide if any details are needed.

The idea was to include many indicators as possible, even though there are only slight differences among some of them, so that users have sufficient options to choose indicators and can easily use them directly in documents without making changes. However if needed, indicators mentioned in the guide can be adapted to suite the need of the progrmme/ project. By changing age groups, sex or desired result, most of the indicators can be adapted to suit changing needs of programmes.

The indicators are categorized according to results levels; Impact, Outcome and Output. Impact indicators are mainly corresponding to national indicators in Sri Lanka for which FPA is also contributing to. Outcome indicators to greater extent and Output indicators to completely have contribution from FPA programmes. When using indicators for project planning and M&E frameworks, it is advisable to adapt indicators according to project results levels. For example if national level impact indicators are too higher than the project achievements and project contribution is very minimal, selected Outcome indicators can be considered as project's Impact level. This will ensure the project's attribution to results.

It is advisable that programme staff takes technical support from M&E staff when using the guide for planning so that relevant indicators can be appropriately used for planning.

3
Core Indicators by programme area

3.1. Advocacy

3.1.1. Indicator summary table

Level	Number	Indicator	Programme area/ Indicator category
Impact	ADV/IM/01	Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA SL played a lead role for the change	Policy and legislation development
	ADV/IM/02	The government set localized targets for MDG5b to be achieved at provincial and national level in which FPA SL played a lead role for the change	Policy related to international commitments (eg. MDGs)
Outcome	ADV/ OC/01	Number of provinces/areas with dedicated budget for sexual and reproductive health commodities allocated with an annual increase of at least three percent from provincial budget from year X	Government commitment for SRH
	ADV/ OC/02	National Youth reproductive health policy in place	Policy development

	ADV/ OC/03	Number of provincial health plans incorporating costed activities to ensure universal access to reproductive health	Government commitment for SRH
	ADV/ OC/04	National Maternal and Child Health (MCH) strategy in place	Policy development
Output	ADV/ OP/01	National reproductive health and population policy reviewed and updated, with particular reference to sexual and reproductive health and rights and emerging population issues	Policy development
	ADV/ OP/02	Number of national and provincial policies and programmes formulated and / or implemented to address key causes and consequences of SRH issues	Policy development
	ADV/ OP/03	Number of key decision makers and opinion leaders reached with sensitization programmes	Policy development
	ADV/ OP/04	Number of evidence-based policy documents that specifically address the needs of the most vulnerable and socially excluded populations	Policy development
	ADV/ OP/05	Number and percentage of key decision makers and opinion leaders[1] who have participated for sensitization programs agreed to support for advocacy expected results that FPA focuses on	Policy development
	ADV/ OP/06	Number of advocacy tools developed focusing advocacy expected results disaggregated by type and nature of the product	Resource base for advocacy

[1] Parliamentarians, provincial council members, religious leaders, media personal etc

3.1.2 Description of each indicator – Advocacy

Indicator reference number: ADV/IM/01

Indicator:

Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA SL played a lead role for the change

Definition:

Number of reproductive health related policies initiated or favorable changes to the legislation made in the country where FPA has played a lead role. If there is reference to RH in any other policy should also add to this indicator.

Rationale:

Relevant SRH policy in place would create enabling environment for SRH. FPA, UNFPA, Ministry of Health and other actors are working on certain policy/ legislative changes. These policy and legislative changes will provide basis for necessary interventions in the country.

Numerator:

Number of successful policy initiatives and/or positive legislative changes recorded in the country

Denominator:

N/A

Data collection Methodology:

Information will be collected through policies and legislations passed. Also it is important to document the processes as how key stakeholders were consulted, how changes intended supports SRH etc. Respective program focal persons and program staff will keep evidences for positive legislative changes in the country (including before and after situations) and FPA Sri Lanka role as an advocator.

MoV/ Data source:

Policy and legislative documents, Program documentation an evidences for FPA Sri Lanka contribution.

Strengths/ Weaknesses:

This helps to understand number of policy and legislative changes related to SRH in the country. However this will not give any clear idea about quality of them.

Indicator reference number: ADV/IM/02

Indicator:

The government set localized targets for MDG5b[2] to be achieved at provincial and national level in which FPA SL played a lead role for the change

Definition:

The government of Sri Lanka identifies targets in line with MDG 5b at national level which are contributed from sub national level.

Rationale:

MDG 5b which is to achieve Universal Access to Reproductive Health is important in promoting maternal and adolescent health through national planning. Achieving MDGs is important for all the countries.

Numerator:

The government set localized targets for MDG5b to be achieved at provincial and national level

Denominator:

N/A

Data collection methodology:

National and provincial health plans

MoV/ Data source:

National and provincial plans which specify MDG 5b targets

Strengths/ Weaknesses:

This is a qualitative indicator to capture whether national and provincial plans are in line with MDGs.

[2] Achieve Universal Access to Reproductive Health http://www.un.org/millenniumgoals/maternal.shtml

Indicator reference number: ADV/OC/01

Indicator:

Number of provinces/areas with dedicated budget for sexual and reproductive health commodities allocated with an annual increase of at least three percent from provincial budget from year X

Definition:

Number of provinces/areas with an allocation for sexual and reproductive health commodities. Also it is expected an annual increase of at least three percent from provincial budget from year X. Reproductive health commodities means here contraceptives only.

Rationale:

Sexual and reproductive health commodities are essential items within the health system at national and provincial levels. State commitment by allocating resources particularly increasing resources by every year would highlight the priority for this.

Numerator:

Number of provinces/areas with dedicated budget for sexual and reproductive health commodities allocated with an annual increase of at least three percent from provincial budget from 2015

Denominator:

N/A

Data collection methodology:

By reviewing provincial council budgets

MoV/ Data source:

Provincial budgets through the Ministry of Provincial Councils.

Strengths/ Weaknesses:

This indicates how many provinces have allocated budget for SRH commodities.

Indicator reference number: ADV/OC/02

Indicator:

National Youth reproductive health policy in place

Definition:

Youth reproductive health policy is finalized, and under implementation

Rationale:

Youth are sexually active and need relevant SRH services. Youth RH policy would be a key element specify procedures and protocols of service provision to youth.

Numerator:

National youth reproductive health policy in place

Denominator:

N/A

Data collection methodology:

Reports and data feeding from advocacy unit of FPA Web based data management system and manual reports

MoV/ Data source:

Reports and support documents available in advocacy unit

Strengths/ Weaknesses:

This is a qualitative indicator which gives information on the youth reproductive health policy

Indicator reference number: ADV/OC/03

Indicator:

Number of provincial health plans incorporating costed activities to ensure universal access to reproductive health

Definition:

Number of provincial health plans which include universal access to reproductive health aspects and a cost estimate for related activities

Rationale:

Implementation of activities related to universal access to reproductive health by provincial councils, implies that PCs are committed to reproductive health and even allocate resources.

Numerator:

Number of provincial health plans incorporating costed activities to ensure universal access to reproductive health

Denominator:

N/A

Data collection methodology:

By reviewing provincial health plans

MoV/ Data source:

Project documentation of advocacy unit Ex:- Provincial health plans through the Ministry of Provincial Councils

Strengths/ Weaknesses:

This indicates how many provinces have allocated budget for SRH services in line with universal access. However it doesn't give any idea about the implementation of these plans

Indicator reference number: ADV/OC/04

Indicator:

National Maternal and Child Health (MCH) strategy in place

Definition:

Maternal and Child Health (MCH) strategy is finalized, and under implementation

Rationale:

Maternal and Child Health (MCH) strategy is being drafted by the Ministry of Health which is also supported by FPA. MCH strategy is important in improving maternal and child health.

Numerator:

Maternal and Child Health (MCH) strategy in place

Denominator:

N/A

Data collection methodology:

Reports and data feeding to MEIMS from advocacy unit of FPA.

MoV/ Data source:

Support documents maintain by the advocacy unit

Strengths/ Weaknesses:

This is a qualitative indicator which gives information on the Maternal and Child Health (MCH) strategy

References:

Ministry of Health, MCH Strategy 2012, www.familyhealth.gov.lk

Indicator reference number: ADV/OP/01

Indicator:

National reproductive health and population policy reviewed and updated, with particular reference to sexual and reproductive health and rights and emerging population issues

Definition:

Reviewed and updated national reproductive health and population policy which includes sexual and reproductive health and rights and emerging population issues. The frequency of review should be decided by the programme/ unit.

Rationale:

National reproductive health and population policy should include updates and emerging issues time to time so that the policy is up to date.

Numerator:

National reproductive health and population policy reviewed and updated, with particular reference to sexual and reproductive health and rights and emerging population issues

Denominator:

N/A

Data collection methodology:

By reviewing the policy document

MoV/ Data source:

Support documents maintain by advocacy unit and National reproductive health and population policy document

Strengths/ Weaknesses:

This indicates whether the policy is reviewed, however it doesn't show how effective is the content.

Indicator reference number: ADV/OP/02

Indicator:

Number of national and provincial policies and programmes formulated and implemented to address key causes and consequences of SRH issues

Definition:

Number of policies and programmes include key causes and consequences of SRH issues which have been planned and/ or implemented by the central government ministries or provincial councils.

Rationale:

Public sector policies and programmes should include relevant SRH issues so that key causes and consequences are addressed through state mechanisms.

Numerator:

Number of national and provincial policies and programmes formulated and implemented to address key causes and consequences of SRH issues

Denominator:

N/A

Data collection methodology:

Data available in the MEIMS system and by reviewing relevant policy documents

MoV/ Data source:

Support documents maintain by the advocacy unit, National and provincial policy documents

Strengths/ Weaknesses:

This indicates number of policies and programmes, however it doesn't show how effective is the content.

Indicator reference number: ADV/OP/03

Indicator:

Number of key decision makers and opinion leaders reached with sensitization programmes

Definition:

Number of key decision makers and opinion leaders[3] who are responsible for population, reproductive health and gender issues have been given necessary knowledge and information through training and programmes.

Rationale:

It is needed to incorporate population, reproductive health and gender issues in policy, national plans and relevant programmes. Key decision makers and opinion leaders should have sufficient knowledge and sensitivity on these issues so that they have ability to incorporate them.

Numerator:

Number of key decision makers and opinion leaders reached with sensitization programmes.

Denominator:

N/A

Data collection methodology:

Training information is captured in the web based data management system.

MoV/ Data source:

Program Support documents such as attendance sheets, Training completion reports

Strengths/ Weaknesses:

This indicates how successful key decision makers and opinion leaders' attendance in training and sensitization programmes. However this doesn't say how effective the use of gained knowledge.

[3] Need to specify who they are in the project/program work plan

Indicator reference number: ADV/OP/04

Indicator:

Number of evidence-based policy documents formulated that specifically address the needs of the most vulnerable and socially excluded populations

Definition:

Number of policy documents that specifically address the needs of the most vulnerable and socially excluded populations with reference to the source of the data.

Rationale:

Needs of the most vulnerable and socially excluded populations are important in planning as their SRH needs can be identified accordingly.

Numerator:

Number of evidence-based policy documents that specifically address the needs of the most vulnerable and socially excluded populations

Denominator:

N/A

Data collection methodology:

By reviewing evidence-based policy documents

MoV/ Data source:

Program Support documents, Evidence-based policy documents

Strengths/ Weaknesses

Although the indicator gives an idea of needs of the most vulnerable and socially excluded populations, it would not directly related to SRH needs and would not be easier to collect information for the indicator.

Indicator reference number: ADV/OP/05

Indicator:

Number and percentage of key decision makers and opinion leaders who have participated for sensitization programmes agreed to support for advocacy expected results that FPA focuses on

Definition:

Number of key decision makers and opinion leaders agreed to support for advocacy expected results after participating in sensitization programmes conducted by FPA

Rationale:

It is needed to incorporate population, reproductive health and gender issues in policy, national plans and relevant programmes. Key decision makers and opinion leaders should have sufficient knowledge and sensitivity on these issues so that they have ability to incorporate them.

Numerator:

Number of key decision makers and opinion leaders who have participated for sensitization programmes agreed to support for advocacy expected results that FPA focuses on

Denominator:

Number of key decision makers and opinion leaders who have participated for sensitization programmes

Data collection methodology:

Web based data management system. Training reports which include the results of post programme feedback questionnaires.

MoV/ Data source:

Post program feedback questionnaire, Attendance sheets and other project documentation

Strengths/ Weaknesses:

This indicates how successful key decision makers and opinion leaders' contributing to policy formulation.

Indicator reference number: ADV/OP/06

Indicator:

Number of advocacy tools developed focusing advocacy expected results disaggregated by type and nature of the product

Definition:

Number of tools developed targeting advocacy results - Different types (poster, brochure, leaflets etc) target audience and purpose etc

Rationale:

Advocacy is an essential part of SRH programmes. Advocacy should be implemented using necessary tools developed for target groups.

Numerator:

Number of advocacy tools developed focusing advocacy expected results disaggregated by type and nature of the product

Denominator:

N/A

Data collection methodology: Reports and data feeding from advocacy unit of FPA

MoV/ Data source:

Advocacy tools available, Project documentation

Strengths/ Weaknesses:

This is a qualitative indicator which gives information how effective advocacy tools are. However, it does not give any idea about how effectively FPA has utilize these advocacy tools

3.2 Adolescents

3.2.1 Indicator summary table

Level	Number	Indicator	Programme area/ Indicator category
Impact	ADL/IM/01	Men and women (aged 15–24 years) who have had sex before age 15 years	Adolescents/ Impact
	ADL/IM/02	Proportion of adolescents with health seeking behavior	Adolescents/ Impact
	ADL/IM/03	Proportion of adolescents who are empowered to make decisions on SRH that affects their lives	Adolescent decision making on SRH
	ADL/IM/05	Percentage of mothers age bellow 20 years registered with public health midwives (PHM)	Teenage Pregnancy
Outcome	ADL/OC/01	Percentage of sexually active, unmarried adolescents who reported using condoms during the last sexual encounter	Adolescents condom use
	ADL/OC/02	Sexually initiated adolescents who used a modern contraception at first/last sex	Adolescents contraception use
	ADL/OC/03	Percentage of adolescents who have demonstrated adequate knowledge on Comprehensive Sexuality Education (CSE).	Knowledge increase
Output	ADL/OP/01	Number of partner organizations received training/ capacity development events on youth focus interventions related to SRH	Capacity development
	ADL/OP/02	Number and percentage of service delivery points supported by FPA providing youth friendly services and information according to national / provincial standards and aligned with IPPF guidelines	Service provision
	ADL/OP/03	Number and percentage of service delivery points (SDPs) supported by FPA with mechanisms in place to sensitize local communities and gatekeepers on the importance of sexual and reproductive health services for adolescents and youth	Awareness raising
	ADL/OP/04	Number and percentage of service delivery points supported by FPA that provides youth specific counseling and clinical services to young people	Service provision
	ADL/OP/05	Number of Peer Educators aged below 25 years trained on SRH and deployed to provide community based services to youth peer groups	Service provision

	ADL/OP/06	Number of young people completed comprehensive sexuality education (CSE) programme delivered by FPA	Knowledge increase
	ADL/OP/07	Number and percentage of programmes conducted by FPA targeting youth	Service provision/ Knowledge increase
	ADL/OP/08	Number of FPA-supported national policy and programming dialogues, with the participation of young people	Policy development
	ADL/OP/09	Number and percentage of services (disaggregated by type of service and gender) provided to the clients less than 25 years of age	Service provision
	ADL/OP/10	Number of youth clubs regularly[4] conduct meetings and discussed SRH related issues	Youth clubs
	ADL/OP/11	Number of public awareness events conducted targeting importance of youth friendly SRH services	Awareness raising
	ADL/OP/12	Number of service providers trained and sensitized for youth friendly services	Service provision/ Capacity building
	ADL/OP/13	Percentage of youth clients served by the service delivery points (SDPs) supported by FPA	Service provision
	ADL/OP/14	Percentage of people bellow 25 years of age who have received any kind SRH service or information during past 12 months from a professional service provider disaggregated by sex	Access to SRH
	ADL/OP/15	Number and percentage of SDPs supported by FPA which has dedicated infrastructure and human resources to attracts youth clients and provide youth friendly SRH services	Infrastructure and human resources
	ADL/OP/16	Number of youth reached with initial package of SRH services and information through peer educators	Peer Education

[4] At least once in three months meeting or related event where youth club members meeting together

3.2. 2 Description of each indicator – Adolescent

Indicator reference number: ADL/IM/01

Indicator:

Men and women (aged 15–24 years) who have had sex before age of 15 years

Definition:

Men and women aged 15-24 mentioned that they had sex at least once before age of 15 years

Rationale:

This means initiation of sex at early ages which puts teens at risk and may affect their education etc which affects the quality of the life in future.

Numerator:

Men and women (aged 15–24 years) who have had sex before age 15 years

Denominator:

A sample of men and women (aged 15–24 years) selected from FPA service areas

Data collection methodology:

A survey which includes questions about sexual experience before age of 15 years

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

The indicator gives clear idea about adolescents' sexual experience before age of 15 years, however it is needed to conduct a survey to collect data for the indicator.

References:

Center for Disease Control and Prevention, Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention 2013

http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm

Indicator reference number: ADL/IM/02

Indicator:

Proportion of adolescents with health seeking behavior

Definition:

Number of adolescents who are concerned about their own health compared to total adolescents interviewed. Health seeking behavior is defined as responsible way of taking care of own health including but not limited to; seeking information, taking relevant tests/ screening for HIV/STI/ breast cancer/ pregnancy etc, follow medical advice, follow dietary/ physical practices.

Rationale:

It is important that adolescents take care of their health which might also lead to better sexual and reproductive health.

Numerator:

Number of adolescents with health seeking behavior

Denominator:

Number of adolescents interviewed

Data collection methodology:

A survey which includes questions about health seeking behavior.

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

The indicator gives clear idea about adolescents' health seeking behavior; however it is needed to conduct a survey to collect data for the indicator.

Indicator reference number: ADL/IM/03

Indicator:

Proportion of adolescents who are empowered to make decisions on SRH that affects their lives

Definition:

Number of adolescents who successfully answer questions about decision making on SRH such as when to initiate sexual relationships, when to get married, when to have children etc.

Rationale:

Adolescents should be able to make decisions on their own sexual and reproductive health. Decision making is a different skill particularly to make decisions on SRH needs special skills.

Numerator:

Number of adolescents who are able to make decisions on SRH that affects their lives.

Denominator:

Number of adolescents interviewed from a selected sample.

Data collection methodology:

A survey which includes questions about decision making on SRH.

MoV/ Data source:

Survey report.

Strengths / Weaknesses:

The indicator gives clear idea about adolescents' ability to make decisions on SRH, however it is needed to conduct a survey to collect data for the indicator.

Indicator reference number: ADL/IM/04

Indicator:

Percentage of age specific fertility rate (ASFR) among 15-19 year age group

Definition:

Age specific fertility rate (ASFR) is defined as the number of births occurring during a given year or reference period per 1,000 women of reproductive age classified in single-or five-year age groups.

Rationale:

Age specific fertility rate among teenagers (15-19) is a proxy indicator for prevalence of teenage pregnancies. ASFR among 15-19 years was recorded as 28/1000 in 2006/2007 (National Strategic Plan on adolescent health, FHB, 2013)

Numerator:

Number of births to women in age group 15-19 in a given year or reference period

Denominator:

Number of person-years of exposure in age group a during the specified reference period.

Data collection methodology:

Demographic and Health Survey (DHS)

MoV/ Data source:

Demographic and Health Survey (DHS)

Strengths/ Weaknesses:

Unlike the crude birth rate, the ASFR is unaffected by differences or changes in population age composition, and thus is more useful in comparing different populations or sub-groups and in measuring changes over time. The ASFR is, however, affected by differences or changes in the number or percent of women exposed to the risk of pregnancy. Thus, changes in ASFRs may provide misleading information regarding the impact of family planning programs on fertility when other factors affecting risk of pregnancy are changing (for example, for the 15-19 and 20-24 age groups when age at marriage is rising quickly).

References:

Family Planning and Reproductive Health Indicators, MEASURE evaluations

http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fertility/age-specific-fertility-rates

National Strategic plan on adolescent health (2013-2017), School and adolescent health unit, Family Health Bureau, 2013

Demographic and Health Survey, Department of census and statistics, Sri Lanka

Indicator reference number: ADL/IM/05

Indicator:

Percentage of mothers age bellow 20 years registered with public health midwives (PHM)

Definition:

Percentage of mothers age bellow 20 years registered with public health midwives (PHM) in the respective geographical area.

Rationale:

Percentage of mothers who are bellow 20 years of age is an indicator for prevalence of teenage pregnancies in the given geographical area. National figures show that percentage of mothers bellow 20 years of age registered with PHM is 6.5% in 2010 (FHB, 2013).

Numerator:

Number of mothers registered who are under 20 years of age during the year or reference period.

Denominator:

Total number of mothers registered with PHM during the year / during the same reference period

Data collection methodology:

Records maintain by the Medical Officer of Health office or Family Health Bureau

MoV/ Data source:

Records maintain by the Medical Officer of Health office or Family Health Bureau

Strengths/ Weaknesses:

This is a good impact level indicator which is available at sub national level at a relatively low cost. However, there may be issues of duplication due to migration of pregnant mothers. Pregnant mothers who seek treatment from government sector will not be counted.

References:

National Strategic plan on adolescent health (2013-2017), School and adolescent health unit, Family Health Bureau, 2013

Indicator reference number: ADL/OC/01

Indicator:

Percentage of sexually active, unmarried adolescents who reported using condoms during the last sexual encounter

Definition:

Adolescents who are not married and sexually active say that they use condoms in every penetrative sex.

Rationale:

Sexually active adolescents need to avoid unwanted pregnancies and STIs. Therefore they should have comprehensive knowledge on condoms and use them accordingly.

Numerator:

Number of sexually active, unmarried adolescents who consistently use condoms

Denominator:

Total number of sexually active, unmarried adolescents interviewed

Data collection methodology:

A survey which includes questions about use of condoms.

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

This indicates successful use of condoms by adolescents; however it is needed to conduct a survey to collect data for the indicator. It doesn't indicate any thing on effective condom use

References:

Center for Disease Control and Prevention, Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention 2013

Indicator reference number: ADL/OC/02

Indicator:

Sexually initiated adolescents who used a modern contraception at first/last sex

Definition:

Adolescents who have started sexual relationships say that they used any kind of contraceptive in their first or last sex disaggregated by gender.

Rationale:

Sexually active adolescents need to avoid unwanted pregnancies. Therefore they should have comprehensive knowledge on contraceptives and use them accordingly.

Numerator:

Number of sexually initiated adolescents who used contraception at first/last sex

Denominator:

Total sexually initiated adolescents interviewed from a selected sample

Data collection methodology:

A survey which includes questions about effective use of contraceptives.

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

This indicates successful use of contraceptives, however it is needed to conduct a survey to collect data for the indicator.

References:

Center for Disease Control and Prevention, Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention 2013 http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm

National Strategic plan on adolescent health (2013-2017), School and adolescent health unit, Family Health Bureau, 2013

Indicator reference number: ADL/OC/03

Indicator:

Percentage of adolescents who have demonstrated adequate knowledge on Comprehensive Sexuality Education (CSE).

Definition:

Number of adolescents who successfully answers at least 80% questions on SRH and HIV/ AIDS, STI out of all interviewed

Rationale:

Population aged 15-24 are young people and they are sexually active. Therefore they should have comprehensive knowledge about SRH and HIV/AIDS so that they are able to have better health. A national indicator shows that percentage of adolescents / young persons with minimum SRH knowledge is below 50% in 2004 (FHB, 2013).

Numerator:

Number of adolescents who have successfully answered at least 80% of questions on SRH, and HIV/AIDS.

Denominator:

Number of adolescents interviewed/ participated in the survey who had gone through the training programme

Data collection methodology:

A survey which includes questions about knowledge on SRH and HIV/AIDS.

MoV/ Data source:

Survey report, training reports.

Strengths/Weaknesses:

This indicates knowledge level of young people, however it is needed to conduct a survey to collect data for the indicator.

Indicator reference number: ADL/OP/01

Indicator:

Number of partner organizations received training/ capacity development events on youth focus interventions related to SRH

Definition:

Number of organizations which are FPA partners received capacity development training from FPA. The capacity development may include programme areas as well as operational aspects including administration financial management, Monitoring and Evaluation.

Rationale:

Partner organizations should have necessary programme and operational capacity to successfully implement projects and provide services.

Numerator:

Number of partner organizations received training/ capacity development events

Denominator:

N/A

Data collection methodology:

Web based data management system. Training completion reports.

MoV/ Data source:

Training Completion Reports, Attendance sheets and other project documentation

Strengths/ Weaknesses:

The indicator shows how many partner organizations have the necessary capacity. However to see whether the gained capacity is used for quality improvement, additional indicators are needed.

Indicator reference number: ADL/OP/02

Indicator:

Number and percentage of service delivery points supported by FPA providing youth friendly services and information according to national / provincial standers and aligned with IPPF guidelines

Definition:

Number of SDPs provide youth friendly services and information according to national / provincial standards compared to all FPA supported SDPs.

Rationale:

Providing youth friendly services and information according to national / provincial standards improves quality of the service and gives credibility to the service. FPA follows national standards so that uniform services are provided.

Numerator:

Number of service delivery points supported by FPA providing youth friendly services and information according to national / provincial and IPPF standards

Denominator:

Number of service delivery points registered

Data collection methodology:

Web based data management system, Key Person Interviews

MoV/ Data source:

Client history forms, Interview Records

Strengths/ Weaknesses:

This indicator shows how FPA service delivery points use standards for services

References – Ministry of Health, 2008, National Minimum standards and Guidelines for Youth Friendly Health Services in Sri Lanka

Youth Friendly Services indicators, International Planned Parenthood Federation (IPPF)

http://www.ippf.org/our-work/what-we-do/adolescents/services

Indicator reference number: ADL/OP/03

Indicator:

Number and percentage of service delivery points (SDPs) supported by FPA with mechanisms in place to sensitize local communities and gatekeepers on the importance of sexual and reproductive health services for adolescents and youth

Definition:

Number of service delivery points (SDPs) which have planned programmes for and distribution of IEC/BCC materials to community leaders, parents, teachers, youth leaders, policy-makers on the importance of sexual and reproductive health services for adolescents and youth.

Rationale:

Key stakeholders such as community leaders, parents, teachers, youth leaders, policy makers need to know why adolescents and youth should receive sexual and reproductive health services.

Numerator:

Number of service delivery points (SDPs) supported by FPA with mechanisms in place to sensitize local communities and gatekeepers on the importance of sexual and reproductive health services for adolescents and youth

Denominator:

Total number of service delivery points (SDPs) supported by FPA

Data collection methodology:

Web based data management system. Training completion reports, Key Person Interviews (KPIs)

MoV/ Data source:

Training Completion Reports, Attendance sheets and meeting minutes and other project documentation, KPI records

Strengths/ Weaknesses:

This indicator shows how FPA service delivery points sensitize local communities and gate keepers.

References:

WHO 2012, Expanding Access to Contraceptive Services for Adolescents http://www.who.int/reproductivehealth/publications/adolescence/en/

Indicator reference number: ADL/OP/04

Indicator:

Number and percentage of service delivery points supported by FPA that provides youth specific counseling and clinical services to young people

Definition:

Number of SDPs provides youth specific counseling and clinical services to young people compared to SDPs provide counseling and clinical services in general

Rationale:

Youth have specific needs for SRH therefore service providers should have customized services for youth with attention to youth friendly SRH services. That is why youth specific counseling and clinical services are needed.

Numerator:

Number of service delivery points supported by FPA that provides youth specific counseling and clinical services to young people

Denominator:

Number of service delivery points supported by FPA that provides counseling and clinical services in general

Data collection methodology:

Web based data management system.

MoV/ Data source:

Client registry and Client history forms

Strengths/ Weaknesses:

The indicator adequately gives information about youth specific counseling and clinical services.

Indicator reference number: ADL/OP/05

Indicator:

Number of Peer Educators aged below 25 years trained on SRH and deployed to provide community based services to youth peer groups

Definition:

Number of young PEs (below 25) received SRH training and tasked to provide services to youth. The SRH training shall include but may not be limited to,

01) Importance of SRH education for adolescents including, SRH issues related adolescent, teenage pregnancy, abortion etc
02) Physical mental and emotional changes at the puberty
03) Human Reproductive system and issues related to the HRHS
04) STI, HIV,
05) Youth life skills
06) Peer educators role, risk and responsibilities
07) Communication for peer education
08) SRH rights and clients rights
09) Safe sex and family planning
10) General Counseling
11) Service package provided to the youths by the youth peer educator
12) Principle of Monitoring and Evaluation and Recording and Reporting

Rationale:

Peer Educators play an important role in community based services, particularly PEs are important in reaching out young people. FPA provides training to PEs so that they can provide better services to young people.

Numerator:

Number of Peer Educators aged below 25 years trained (Covered all 11 components of the training for PE) on SRH and deployed to provide community based services to youth peer groups

Denominator: N/A

Data collection methodology:

Web based data management system. Training completion reports.

MoV/ Data source:

Training completion reports, attendance sheets, Training Curriculum, and other project documentation

Strengths/ Weaknesses:

The indicator adequately gives information about how many PEs are active, however it doesn't indicate how many youth reached and the quality of services provided.

Indicator reference number: ADL/OP/06

Indicator:

Number of young people completed a comprehensive sexuality education (CSE) programme delivered by FPA

Definition:

Number of young people fully participate in a comprehensive sexuality education (CSE) programme and received a certificate. The CSE programme shall include but may not be limited to,

01) Importance of SRH education for adolescents including, SRH issues related adolescent, teenage pregnancy, abortion etc

02) Physical mental and emotional changes at the puberty

03) Human Reproductive system and issues related to the HRHS

04) STI, HIV,

05) Youth life skills

06) SRH rights

07) Safe sex and family planning

Rationale:

Comprehensive sexuality education (CSE) programme gives complete knowledge on sexuality and reproductive health to young people. It is important that young people are fully knowledgeable on sexuality.

Numerator:

Number of young people completed a comprehensive sexuality education (CSE) programme delivered by FPA

Denominator:

N/A

Data collection methodology:

Web based data management system., Training Completion reports,

MoV/ Data source:

Training completion reports, attendance sheets, Training Curriculum, and other project documentation

Strengths/ Weaknesses:

The indicator gives an idea of how many young people were educated on sexuality. However, it doesn't give any information on how the participant used the knowledge gained from the program to increase the quality of the life.

Indicator reference number: ADL/OP/07

Indicator:

Number and percentage of programmes conducted by FPA targeting youth

Definition:

Number of SRH programmes conducted for youth compared to programmes conducted for all the target groups during the year focused or reference period.

Rationale:

Youth are sexually active so that it is important that they participate in SRH programmes adequately. FPA service delivery points provide SRH services to youth clients and promotes services to them.

Numerator:

Number and percentage of programmes conducted by FPA targeting youth

Denominator:

Number of programmes conducted for all target groups

Data collection methodology:

Web based data management system. Training reports from SDPs.

MoV/ Data source:

Training completion reports, attendance sheets and other project documentation

Strengths/ Weaknesses:

The indicator gives an idea of how many SRH programmes were conducted for youth compared to all programmes. But this doesn't indicate whether the programmes were effective and how gained knowledge was used by youth.

Indicator reference number: ADL/OP/08

Indicator:

Number of FPA-supported national policy and programming dialogues, with the participation of young people

Definition:

Number of national policy and programming dialogues participated by young people. These FPA supported programmes need to be identified.

Rationale:

It is important to get young people engaged in national SRH programming and policy dialogues.

Numerator:

Number of FPA-supported national policy and programming dialogues (to be identified), with the participation of young people

Denominator:

N/A

Data collection methodology:

By reviewing project reports and meeting minutes

MoV/ Data source:

Project documentation, Meeting minutes

Strengths/ Weaknesses:

This indicates whether young people participated in policy and programming dialogues, however it doesn't say how effective their participation is or whether they contributed as expected.

Indicator reference number: ADL/OP/09

Indicator:

Number and percentage of services (disaggregated by type of service and gender) provided to the clients less than 25 years of age

Definition:

Number of services given to clients who are below 25, and these services should be disaggregated by type of service and gender.

Rationale:

Youth are sexually active so that it is important that they receive SRH services adequately. FPA service delivery points provide SRH services to youth clients and promotes services to them.

Numerator:

Number of services (disaggregated by type of service) provided to the clients less than 25 years of age

Denominator:

Total Number of services provided

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in Client History Forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP and Project level.

MoV/ Data source:

Client History Forms

Strengths/ Weaknesses:

This gives an idea size of youth population received SRH services from SDPs.

Indicator reference number: ADL/OP/10

Indicator:

Number of youth clubs regularly conduct meetings and discussed SRH related issues

Definition:

Number of FPA supported youth clubs conduct meetings at least every three months

Rationale:

FPA supports for youth clubs attached to each SDP. Youth clubs help to reach out young people in the area/ district. Active youth clubs conduct regular meetings with the membership maintaining at least above 60% of attendance.

Numerator:

Number of youth clubs regularly conduct meetings

Denominator:

N/A

Data collection methodology:

Web based data management system. Training reports from SDPs.

MoV/ Data source:

Meeting Minutes and Attendance Sheets

Strengths/ Weaknesses:

This indicates whether youth clubs conducted their regular meetings, but does not give any idea about how active they are overall.

Indicator reference number: ADL/OP/11

Indicator:

Number of public awareness events conducted targeting importance of youth friendly SRH services

Definition:

Number of awareness events conducted for public on importance of youth friendly SRH services

Rationale:

Public understanding and positive opinion on youth friendly SRH services is highly valuable. Therefore awareness raising among public on youth friendly SRH services allows youth to access SRH services.

Numerator:

Number of public awareness events conducted targeting importance of youth friendly SRH services

Denominator:

N/A

Data collection methodology:

Web based data management system. Training reports from SDPs.

MoV/ Data source:

Attendance Sheets and other project documentation

Strengths/ Weaknesses:

This indicates how public are sensitized for youth friendly services.

References:

IPPF Youth Friendly Services indicators

http://www.ippf.org/our-work/what-we-do/adolescents/services

Indicator reference number: ADL/OP/12

Indicator:

Number of service providers trained and sensitized for youth friendly services

Definition:

Number of service providers received training on youth friendly services from FPA. Training shall cover but may not be limited to,

01) Importance of providing youth friendly services
02) Demand generation for youth friendly services
03) Youth as a special target group of segments
04) Special SRH issues related to youth
05) Physical mental and emotional changes at the puberty
06) STI, HIV,
07) Youth life skills
08) SRH rights
09) clients rights focusing youth
10) Youth sexuality
11) Quality of Care focusing youth as a special target group
12) Privacy and confidentiality
13) General Counseling for youth
14) Service package provided to the youths
15) Monitoring and Evaluation Principles
16) Recording and Reporting of sexual and reproductive health data including service statistics

Rationale:

To provide better services to youth, service providers should be sensitized for youth friendly services.

Numerator:

Number of service providers trained and sensitized for youth friendly services

Denominator:

N/A

Data collection methodology:

Web based data management system, Training completion reports.

MoV/ Data source:

Training Completion Report, Attendance Sheet, Training Curriculum and other project documentation

Strengths/ Weaknesses:

This indicates how many service providers are sensitized for youth friendly services. However it will not clearly indicate how youth friendly services provided to youth are.

References:

IPPF Youth Friendly Services indicators

http://www.ippf.org/our-work/what-we-do/adolescents/services

Indicator reference number: ADL/OP/13

Indicator:

Percentage of youth clients served by the service delivery points supported by FPA

Definition:

Percentage of youth clients out of total clients received sexual and reproductive health medical services from SDPs

Rationale:

Youth are sexually active so that it is important that they receive SRH services adequately. FPA service delivery points provide SRH services to youth clients and promotes services to them.

Numerator:

Number of youth clients served by the service delivery points (SDPs) supported by FPA in a specified time period

Denominator:

Number of all clients served by SDPs in a specified time period

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in client history forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client Registry, Client history forms

Strengths/ Weaknesses:

This gives an idea size of youth population received SRH services from SDPs.

References:

IPPF Youth Friendly Services indicators

http://www.ippf.org/our-work/what-we-do/adolescents/services

Indicator reference number: ADL/OP/14

Indicator:

Percentage of people below 25 years of age who have received any kind of SRH service or information during past 12 months from a professional service provider disaggregated by sex

Definition:

Number of adolescents who say that they received at least one type of SRH service 0r information from a professional service provider out of all interviewed

Rationale:

Adolescents are sexually active. Therefore they should have comprehensive knowledge about SRH so that they are able to have better health and minimize risks.

Numerator:

Number of people bellow 25 years of age who have received any kind of SRH service or information during past 12 months from a professional service provider disaggregated by sex

Denominator:

Number of people bellow 25 years interviewed.

Data collection methodology:

A survey which includes questions about receiving services. Target population will be based on the geographical location that the project/program implemented.

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

This indicates adolescents access to SRH services, however it is needed to conduct a survey to collect data for the indicator

Indicator reference number: ADL/OP/15

Indicator:

Number and percentage of SDPs supported by FPA which has dedicated infrastructure and human resources to attract youth clients and provide youth friendly SRH services.

Definition:

Number of SDPs establish following minimum requirements: Minimum requirements include but may not be limited to,

1) Special clinic days/ hrs for youth clients
2) Separate waiting area for youth clients with relevant IEC materials
3) Sports / indoor game facilities
4) Library with IEC materials related to SRH
5) Service Providers specially trained to provide youth friendly services

Rationale:

It is important to make special infrastructure facilities for youth to attract them for services and to ensure privacy

Numerator:

Number of SDPs supported by FPA which has dedicated infrastructure and human resources to attract youth clients and provide youth friendly SRH services

Denominator:

Number of SDPs supported by FPA

Data collection methodology:

Monitoring and Evaluation Information Management System, Key Person Interviews, Field observations

MoV/ Data source:

SDP programme reports, KPI records, Photographs

Strengths/ Weaknesses:

This gives clear idea of number of SDPs with minimum requirements established for youth clients.

Indicator reference number: ADL/OP/16

Indicator:

Number of youth reached with initial package of SRH services and information through peer educators

Definition:

The initial SRH service package will include:

01) One to one need based peer education on SRH, issues related to sexual health of youth, HIV/ STI prevention, pregnancy and contraception including behavior change communication

02) Increase awareness on SRH and SRH related issues through distribution of package of IEC materials.

03) Peer education through formal peer group discussions / pocket meetings including life skills and youth empowerment.

A reach is defined as having received all the services from the above service package at least once during the year/reference period. Total number of reaches for an year will consist of annual reaches to existing youth and the newly registered (and reached) youth during the year concerned.

Additional services provided as appropriate and according to the individual needs of the clients through FPA static/mobile clinics with 30-40% of the people reached targeted to be escorted to the static or mobile clinics.

Youth is defined as people bellow 25 years of old irrespective of gender, marital status, ethnicity and religion. A youth peer educator is defined as a person bellow 25 years of age, who has undergone a formal training on peer education.

Rationale:

Peer education approach is recognized worldwide as one of the most important strategy for behavioral changes for youth. The effectiveness and coverage of peer education programs have to be measured objectively for better operation of the youth focus interventions.

Numerator:

Number of youth reached with initial package of SRH services and information through peer educators

Denominator:

N/A

Data collection methodology:

Reporting will be based on data collected by all peer educators using a unique identifier and common online database tool to avoid double counting of individual clients reached on a regular basis.

MoV/ Data source:

Peer educator daily record book, Pocket meeting minutes,

Strengths/ Weaknesses:

This indicator will give a clear idea on coverage of the youth education programs. However, duplication of peers in the reporting system can be an issue for large scale projects with high coverage.

3.3 HIV/ AIDS

3.3.1 Indicator summary table

Level	Number	Indicator	Programme area/ Indicator category
Impact	HIV/IM/01	Number of new HIV cases reported during last 12 months period	Impact of HIV infection
	HIV/IM/02	Syphilis prevalence among female sex workers	Impact of STI infection
	HIV/IM/03	Percentage of MARPs[5] (MSMs, FSWs, DUs, BBs and etc) who are HIV infected	Impact of HIV infection
	HIV/IM/04	Percentage of adults and children with HIV known to be on treatment for 12 months after initiation of antiretroviral therapy	HIV treatment
Outcome	HIV/OC/01	Number and percentage of SDP clients who have tested HIV / STI positive	HIV testing
	HIV/OC/02	Number and percentage of SDP clients who have tested HIV / STI positive and referred for further screening or treatments	HIV testing and referrals
	HIV/OC/03	Percentage of MARPs aged 15-49 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Knowledge increase/ Awareness raising
	HIV/OC/04	Percentage of male and female sex workers reporting the use of a condom during penetrative sex with their most recent client	Behaviour change
	HIV/OC/05	Percentage of MARPs (MSMs, FSWs, DUs, BBs and etc) reported using a condom during the last sex with non-regular sexual partner	Behaviour change
	HIV/OC/06	Percentage of women and men aged 18-49 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Behaviour change
	HIV/OC/07	Percentage of women and men aged 15-24 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse with non-regular sexual partner	Behaviour change

[5] All the indicators related to MARPs can be adapted to one or more particular group listed under MARPs by changing the wording. Therefore indicators have not been disaggregated to particular MARPs groups to avoid duplication.

	HIV/OC/08	Percentage of women and men aged 18-49 who received an HIV test in the last 12 months and who know their results	HIV testing
	HIV/OC/09	Percentage of sexually active young women and men aged 18-24 years who received an HIV test in the last 12 months and know their results	HIV testing
	HIV/OC/10	Percentage of MARPs (MSMs,FSWs,DUs,BBs & etc) who received an HIV test in the last 12 months and who know their results	HIV testing
	HIV/OC/11	Percentage of women and men aged 18-49 years expressing accepting attitudes towards people living with HIV	Attitudinal changes
Output	HIV/OP/01	Number of People Living with HIV reached with package of treatment, care and support services	Care and support
	HIV/OP/02	Number of active peer educators from MARPs (FSW, MSM, BB, DU and etc) in position	Peer educators
	HIV/OP/03	Number of peer educators from MARPs (FSW, MSM, BB, DU and etc) trained on BCC	Peer educators/ Behaviour change communication
	HIV/OP/04	Number of staff members and service providers trained on HIV/AIDS and its linkages and value clarification	Capacity building
	HIV/OP/05	Number and percentage of MARPs (FSW, MSM, BB, DU and etc) reached with basic sexual health/ HIV prevention package of minimum services	Coverage of target groups (MARPs)
	HIV/OP/06	Number of MARPs (FSW, MSM, BB, DU and etc) referred / escorted to sexually transmitted infections services	Referrals
	HIV/OP/07	Number of MARPs (FSW, MSM, BB, DU and etc) reached with voluntary counseling and testing for Sexually Transmitted Infections (STIs) disaggregated by Age, Gender and type of STI	Testing and counseling
	HIV/OP/08	Number of condoms distributed among MARPs (FSW, MSM, BB, DU and etc)	Condom distribution
	HIV/OP/09	Number of MARPs (FSW, MSM, BB, DU and etc) reached with voluntary counseling and testing (VCT) service package for HIV	Testing and counseling
	HIV/OP/10	Number and percentage of HIV and STI/RTI services provided by SDPs / FPA	Service provision (HIV/STI)
	HIV/OP/11	Number of service types provided by SDPs out of HIV continuum of care service package	Care and support

	HIV/OP/12	Number of individuals from the targeted audience reached through community outreach with at least one HIV information, communication or behavior change communication	Coverage/ Behaviour change communication
	HIV/OP/13	Number and percentage of young people aged 10-24 years reached by HIV education	Coverage/ Knowledge increase
	HIV/OP/14	Number and percentage of key populations reached with HIV prevention programmes	Coverage/ Prevention
	HIV/OP/15	Number of adults and children living with HIV who receive care and support services	Care and support
	HIV/OP/16	Total number of condoms distributed by FPA (SMP and other SDPs) among general population for dual protection	Condom distribution

3.3.2 Descriptions of each indicator – HIV/AIDS

Indicator reference number: HIV/IM/01

Indicator:

Number of new HIV cases reported during last 12 months period

Definition:

HIV positive people newly identified through testing and officially reported by the Ministry of Health during last 12 calendar months in Sri Lanka.

Rationale:

This helps to assess impact of prevention interventions. Also this gives an idea on HIV status of the country.

Numerator:

Total number of new HIV cases identified during last 12 months

Denominator:

N/A

Data collection methodology:

Secondary data from National STD and AIDS Control programme

MoV/ Data source:

Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

Number of new HIV cases helps to understand the trend of infection, specific target groups who are more vulnerable and whether the numbers are increasing or decreasing. However under reporting or people who go for testing outside the country might affect the number.

References:

Monitoring and evaluation Toolkit, Part 2: HIV published by the Global Fund.

Indicator reference number: HIV/IM/02

Indicator:

Syphilis prevalence among female sex workers

Definition:

The proportion of Syphilis positive sex workers compared to all sex workers tested for Syphilis in a given period of time.

Rationale:

This helps to assess impact of prevention interventions. Also this gives an idea on STI status of the country and risk for HIV.

Numerator:

Total number of syphilis cases identified among female sex workers

Denominator:

Total number of FSWs tested for Syphilis

Data collection methodology:

Secondary data from National STD and AIDS Control programme

MoV/ Data source:

Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

Number of new Syphilis cases helps to understand the trend of STI infection, specific target groups who are more vulnerable, whether the numbers are increasing or decreasing and risk for HIV. However under reporting or people who go for testing outside the country might affect the number.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/IM/03

Indicator:

Percentage of MARPs (MSMs, FSWs, DUs, BBs and etc) who are HIV infected

Definition:

The percentage of MARPs who are HIV positive compared to all MARPs who have gone through HIV test during the period considered.

Rationale:

This helps to assess impact of prevention interventions particularly most at risk persons. Also this gives an idea on HIV status of the country.

Numerator:

Total number of HIV positive MARPs

Denominator:

Total number of MARPs tested for HIV

Data collection methodology:

Secondary data from National STD and AIDS Control programme

MoV/ Data source:

Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

Percentage of MARPs who are positive helps to understand the trend of infection, specific target groups who are more vulnerable and whether the numbers are increasing or decreasing. However under reporting or people who go for testing outside the country might affect the number.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/IM/04

Indicator:

Percentage of adults and children with HIV known to be on treatment for 12 months after initiation of antiretroviral therapy

Definition:

Number of HIV positive adults and children receiving treatment for 12 months period after receiving antiretroviral therapy

Rationale:

This indicator provides an overview of a successful ART programme and survival of PLHIV on ART.

Numerator:

Total number of adults and children with HIV known to be on treatment for 12 months after initiation of antiretroviral therapy

Denominator:

Total number of adults and children with HIV who received antiretroviral therapy

Data collection methodology:

Cohort analysis data of the National STD/AIDS Control Programme

MoV/ Data source:

Report of the Cohort analysis

Strengths/ Weaknesses:

This gives clear idea about people living with HIV on treatment. However under reporting or people who go for treatment outside the country might affect the number.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/01

Indicator:

Number and percentage of SDP clients who have tested HIV / STI positive

Definition:

HIV/STI positive people identified through testing who are SDP clients

Rationale:

Identifying people living with HIV helps to provide necessary services to them and also minimize the risk of spreading HIV virus to others.

Numerator:

Number of SDP clients who have tested HIV / STI positive

Denominator:

Number of SDP clients tested for HIV / STI

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in client history forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client History Forms

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped people with risk behaviors to go through the HIV test and know their results. Also this helps to provide further services to FPA clients.

Indicator reference number: HIV/OC/02

Indicator:

Number and percentage of SDP clients who have tested HIV / STI positive and referred for further screening or treatments

Definition:

Number of SDP clients who have been identified as HIV/STI positive through testing and referred for further screening or treatments compared to all clients tested HIV/STI positive

Rationale:

It is important that people living with HIV or infected with STI are identified through testing and provide them further services including treatment so that spread the disease is minimized.

Numerator:

Number SDP clients who have tested HIV / STI positive referred for further screening or treatments

Denominator:

Number of SDP clients who have tested HIV / STI positive

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in clinic attendance slip are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client History Forms

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped people

Indicator reference number: HIV/OC/03

Indicator:

Percentage of MARPs aged 15-49 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

Definition:

Number of MARPs aged 15-49 out of total interviewed identify correct ways to prevent HIV through sexual transmission and aware of misconceptions about HIV transmission (correctly answer at least 80% of questions).

Rationale:

If MARPs are aware of how HIV is transmitted and how to prevent particularly through sexual transmission and misconceptions that would help to minimize the risk for HIV transmission. Also this helps to share the knowledge with their peers.

Numerator:

Number of MARPs aged 15-49 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

Denominator:

Sample number of MARPs interviewed for the question

Data collection methodology:

Survey, pre and post-test in training programmes/ awareness sessions, data collection at SDPs

MoV/ Data source:

Survey report, training reports, SDP reports

Strengths/ Weaknesses:

This indicator gives a clear idea on HIV knowledge of MARPs. However credibility of data depends on the fair selection of the sample for the interview.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/04

Indicator:

Percentage of male and female sex workers reporting use of a condom during penetrative sex with their most recent client

Definition:

Number of male and female sex workers reporting use of a condom during penetrative sex with their most recent client compared to total interviewed.

Rationale:

Female sex workers having unprotected penetrative sex may cause diseases. Use of condoms when having sexual intercourse prevents getting HIV and STIs. Use of a condom in the last sexual intercourse with the non-regular partner indicates knowledge and use of condoms. However it doesn't necessarily mean they use condoms all the time.

Numerator:

Number of male and female sex workers reporting use of a condom during penetrative sex with their most recent client

Denominator:

Total number of male and female sex workers interviewed who received services from FPA

Data collection methodology:

Survey

MoV/ Data source:

Survey report

Strengths/ Weaknesses:

This is a good indicator to assess condom use by sex workers. However it doesn't mean they use condoms all the time.

Indicator reference number: HIV/OC/05

Indicator:

Percentage of MARPs (MSMs, FSWs, DUs, BBs and etc) reported using a condom during the last sex with non-regular sexual partner

Definition:

Percentage of MARPs (MSMs, FSWs, DUs, BBs and etc) reported using a condom during the last sex with non-regular sexual partner compared to total interviewed.

Rationale:

MARPs and having unprotected sex may cause diseases. Use of condoms when having sexual intercourse prevents getting HIV and STIs.

Numerator:

Number of MARPs reported using a condom during the last sex with non-regular sexual partner

Denominator:

Sample of selected number of MARPs interviewed

Data collection methodology:

Survey

MoV/ Data source:

Survey report

Strengths/ Weaknesses:

Use of a condom in the last sexual intercourse with the non-regular partner indicates knowledge and use of condoms. However it doesn't mean they use condoms all the time.

References:

Monitoring and evaluation Toolkit, Part 2:HIV published by the Global Fund

Indicator reference number: HIV/OC/06

Indicator:

Percentage of women and men aged 18-49 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse

Definition:

Percentage of women and men aged 18-49 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse compared to total interviewed

Rationale:

Women and men age 18-49 are falling to sexual active category and having non-regular sexual partners may put them at risk leading to cause diseases. Use of condoms when having sexual intercourse prevents getting HIV and STIs.

Numerator:

Number of women and men aged 18-49 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse

Denominator:

Total number of women and men aged 18-49 years who have had more than one sexual partner in the past 12 months interviewed

Data collection methodology:

Survey

MoV/ Data source:

Survey report

Strengths/ Weaknesses:

Use of a condom in the last sexual intercourse with the non-regular partner indicates knowledge and use of condoms. However it doesn't mean they use condoms all the time.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/07

Indicator:

Percentage of women and men aged 15-24 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse with non-regular sexual partner

Definition:

Percentage of women and men aged 15-24 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse with non-regular sexual partner compared to total interviewed.

Rationale:

Women and men age 15-24 are falling to sexual active category and having non-regular sexual partners may cause diseases. Use of condoms when having sexual intercourse with non-regular partners prevents getting HIV and STIs.

Numerator:

Number of women and men aged 15-24 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse with non-regular sexual partner

Denominator:

Total number of women and men aged 15-24 years who have had more than one sexual partner in the past 12 months interviewed

Data collection methodology:

Survey

MoV/ Data source:

Survey Report

Strengths/ Weaknesses:

Use of a condom in the last sexual intercourse with the non-regular partner indicates knowledge and use of condoms. However it doesn't mean they use condoms all the time.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/08

Indicator:

Percentage of women and men aged 18-49 who received an HIV test in the last 12 months and who know their results

Definition:

Number of women and men aged 18-49 who have undergone for HIV test in the last 12 months and received the results compared to total interviewed

Rationale:

Women and men aged 18-49 are sexually active and at risk of getting HIV and STIs. Also they may not have correct information about HIV and the testing so they might continue to spread the virus if they are positive. If they know how to undergo for the test and results, it will help them to reduce the transmission.

Numerator:

Number of women and men aged 18-49 who received an HIV test in the last 12 months and who know their results

Denominator:

Total number of women and men aged 18-49 interviewed

Data collection methodology:

Secondary data from National STD and AIDS Control programme

MoV/ Data source:

Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

The indicator helps to track how many people who have undergone for HIV test knows results. However it needs a separate indicator to track follow up and referrals.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/09

Indicator:

Percentage of sexually active young women and men aged 18-24 years who received an HIV test in the last 12 months and know their results

Definition:

Number of sexually active young women and men aged 18-24 years who have undergone for an HIV test in the last 12 months and received results of the test compared to all young women and men tested for HIV.

Rationale:

Sexually active young women and men aged 18-24 may not have correct information about HIV and the testing so they might continue to spread the virus if they are positive. If they know how to undergo for the test and results, it will help them to reduce the transmission.

Numerator:

Number of sexually active young women and men aged 18-24 years who received an HIV test in the last 12 months and know their results

Denominator:

Total population of sexually active young women and men aged 18-24 years tested

Data collection methodology:

Secondary data from National STD and AIDS Control programme

MoV/ Data source:

Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

Number of new HIV cases helps to understand the trend of infection, specific target groups who are more vulnerable and whether the numbers are increasing or decreasing. However under reporting or people who go for testing outside the country might affect the number.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/10

Indicator:

Percentage of MARPs (MSMs, FSWs, DUs, BBs and etc) who received an HIV test in the last 12 months and who know their results

Definition:

Number of MARPs who received an HIV test in the last 12 months and who know their results compared to all MARPs tested for HIV.

Rationale:

Identifying people living with HIV helps to provide necessary services to them and also minimize the risk of spreading HIV virus to others.

Numerator:

Number of MARPs who received an HIV test in the last 12 months and who know their results

Denominator:

Number of MARPs tested

Data collection methodology:

Programmatic data from NSACP

MoV/ Data source:

Programmatic Reports from National STD and AIDS Control programme

Strengths/ Weaknesses:

Number of new HIV cases helps to understand the trend of infection, specific target groups who are more vulnerable and whether the numbers are increasing or decreasing. However under reporting or people who go for testing outside the country might affect the number.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OC/11

Indicator:

Percentage of women and men aged 18-49 years expressing accepting attitudes towards people living with HIV.

Definition:

Number of women and men aged 18-49 years have positive attitudes about PLHIV.

Rationale:

It is important that people have right attitudes about PLHIV so that their human rights are taken care and not discriminated by other people. If PLHIV are treated well by other people, it will help to minimize the spread of HIV.

Numerator:

Number of women and men aged 18-49 years expressing accepting attitudes towards people living with HIV.

Denominator:

Sample number of women and men aged 18-49 years interviewed.

Data collection methodology:

Survey

MoV/ Data source:

Survey report

Strengths/ Weaknesses:

This helps to understand how people are educated about living with HIV, however this will not reflect whether people treat PLHIV well although they have the right attitude.

Indicator reference number: HIV/OP/01

Indicator:

Number of People Living with HIV reached with package of treatment and care and support services

Definition:

Number of PLHIV received treatment and care and support services from FPA service delivery points. HIV care package includes but not be limited to:

Compulsory services which all the PLHIVs must receive:

01) HIV / Consultation

02) HIV / Counselling / Psycho social support

03) HIV / Counselling / Risk reduction

Optional Services which PLHIVs may receive based on individual client needs

01) HIV and AIDS - Management - Medical – ARVs

02) HIV and AIDS - Management - Medical – OI

03) HIV and AIDS - Counselling - Pre-test

04) HIV and AIDS - Investigation - Lab tests

05) HIV and AIDS - Counselling - Post-test

06) HIV and AIDS - Prevention - Prophylaxis – ARVs

07) STI/RTI - Investigation – Examination

08) STI/RTI - Investigation - Lab test

09) STI/RTI - Prevention – Prophylaxis

10) STI/RTI – Management

11) All SRH and Non SRH services

Rationale:

To delay the disease progression and prevent infecting others, it is important for individuals to obtain continuous treatment.

Numerator:

Number of PLHIV who receive care and support services outside facilities including counseling, advice on treatment preparedness, nutrition, spiritual matters and sexuality

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in clinic attendance slip are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at partner organization level.

MoV/ Data source:

Programme reports, reports from care and support providing organizations

Strengths/ Weaknesses:

This helps to track People Living with HIV and provide them with necessary services so that further spread is minimized and PLHIV maintain healthy life. However some PLHIV may not opt for these services so that services will not reached to them.

References:

Service Statistics, International Planned Parenthood Federation (IPPF)

Indicator reference number: HIV/OP/02

Indicator:

Number of active peer educators from MARPs (FSW, MSM, BB, DU and etc) in position

Definition:

Number of peer educators from MARPs who are performing at least 50% of tasks given to them/ expected from them in a given time period.

Rationale:

It is easier and important to reach MARPs through peer educators and provide them with HIV related services so that MARPs are equipped with knowledge, skills and services leading to minimize spread for HIV and STIs.

Numerator:

Number of peer educators who have provided at least one service to at least one client during the month concern

Denominator:

N/A

Data collection methodology:

Data entered to the central web based data management system from PEs monthly reports.

MoV/ Data source:

PEs daily record books and monthly reports

Strengths/ Weaknesses:

This helps to assess number of peer educators from MARPs. However this does not say how effective they are, just the enrolled number has no further meaning.

Indicator reference number: HIV/OP/03

Indicator:

Number of peer educators from MARPs (FSW, MSM, BB, DU and etc) trained on BCC

Definition:

Number of peer educators from most at risk populations received training on change communication. The training covers:

1) Sexually Transmitted Infections
2) Reproductive health and sexuality
3) Sexuality and sexual behaviours, MARPs & Risk Assessment
4) Safe sexual behaviours and Condoms
5) Homophobia and Transgender phobia
6) Introduction to communication
7) Communication for behaviour change
8) Peer Education
9) Role play on effective peer education
10) Mental health; relationship of anxiety depression and substance abuse
11) Assessment of unprotected sexual behaviors/ safe sex counseling
12) How to promote safe sexual practices among MSM
13) Risk assessment and counselling for safer sex
14) Principles of Monitoring and Reporting
15) Role of Peer Educator in Project Monitoring

Rationale:

To prevent peers from risky behaviors that lead to HIV/AIDS and STI it is important for peer educators to have a good understanding on behavioral change communication so that it can be used to share the knowledge with peers.

Numerator:

Number of peer educators among MARPs trained on BCC

Denominator:

N/A

Data collection methodology:

Number of PEs trained on BCC as recorded in training attendance sheets are captured through data entered to a central web based data management system.

MoV/ Data source:

Training completion Report, Training attendant sheets, Training curriculum and other project documentation

Strengths/ Weaknesses:

This helps to assess how effective peer educators from MARPs are on behavior change communication. However this does not give any idea how effectively they communicated the message to peers.

References:

Peer Educator Training Curriculum for Female Sex Workers, Global Fund Round-09 Project, Sarvodaya, 2011

Indicator reference number: HIV/OP/04

Indicator:

Number of staff members and service providers trained on HIV/AIDS and its linkages and value clarification

Definition:

Number of staff members and FPA service providers received training on HIV/AIDS and its linkages and value clarification. The training may include; myths about HIV/AIDS, attitudes, respect clients/ PLHIV, maintaining confidentiality etc.

Rationale:

It is important that staff and service providers who provide services to people have good knowledge on HIV and related matters which will lead to improved quality service to clients.

Numerator:

Number of staff members and service providers trained on HIV/AIDS and its linkages and value clarification

Denominator:

N/A

Data collection methodology: Data collected through training reports prepared for the training programme, data is available at web based data management system as well.

MoV/ Data source:

Training completion Report, Training attendance sheets, Training curriculum and other project documentation

Strengths/ Weaknesses:

This helps to assess how knowledgeable staff and service providers on HIV. However providing training does not mean staff are knowledgeable.

Indicator reference number: HIV/OP/05

Indicator:

Number and percentage of MARPs (FSW, MSM, BB, DU and etc) reached with basic sexual health/HIV prevention package of minimum services

Definition:

The basic (minimum) sexual health/HIV prevention service package will include: peer education on sexual health/HIV prevention, behavior change communication through distribution of IEC materials, condom demonstration and distribution. A reach is defined as having received all the services from the basic (minimum) service package at least once during the reporting period. Total number of reaches for a given reporting period will consist of reaches to existing MARPs and the newly registered (and reached) MARPs during the reporting period concerned. Additional services provided as appropriate and according to the individual needs of the clients include referral for HIV counselling and testing and STI case management with 30-40% of the people reached targeted to be escorted to VCT centres/STI clinics.

Rationale:

To protect them from HIV/AIDS and STI it is important for MARPs to have basic understanding about the diseases. (How it transmits, how to prevent from infections, symptoms, health risks etc.) It helps them to take preventive measures, minimize risk behaviors (e.g. proper condom usage)

To delay the disease progression and prevent infecting others, it is important for individuals to know their HIV/AIDS and STI status. Knowledge of one's status is also a critical factor in the decision to seek treatment.

Numerator:

Number of MARPs who have been reached with HIV prevention programmes during the last six months period

Denominator:

Denominator values for targets represent estimate of the total size population derived from the national size estimation figures

Data collection methodology:

Data collected by all SDPs using a unique identifier and common online database tool to avoid double counting of individual clients reached on a regular basis.

MoV/ Data source:

SDP reports, web based data management system

Strengths/ Weaknesses:

This helps to assess how effectively MARPs are reached with HIV prevention programmes. But it will not give any idea how effective is HIV prevention as reaching doesn't mean it contributed to intended results.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/06

Indicator:

Number of MARPs (FSW, BB, MSM, DU, etc) referred / escorted to sexually transmitted infection services

Definition:

Number of female sex workers send or taken to STI services by FPA.

Rationale:

Female sex workers are most at risk for STIs so that they should receive regular STI services. Most of the female sex workers do not know how to access services, so referrals or taking them to services is very important.

Numerator:

Number of MARPs (FSW, BB, MSM, DU, etc) referred / escorted to sexually transmitted infections services

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in the client history forms are captured through a web based data management system. A unique identifier code is used to identify each client. A referral slip will be issued for every referral or escorts. Collection and verification of back referral slips are depend on the nature and the requirement of the project. Data is entered at SDP level.

MoV/ Data source:

Client history forms. Referral or back referral slips

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped female sex workers to go through STI services. Also this helps to provide further services to FPA clients.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/07

Indicator:

Number of MARPs (FSW, MSM, BB, DU and etc) reached with voluntary counseling and testing for Sexually Transmitted Infections (STIs) disaggregated by Age, Gender and type of STI

Definition:

Number of most at risk people received counseling and testing for STIs.

In-order to count for the indicator the client must receive

- Pre- test counseling
- STI test and
- Post- test counselling

Client may receive these services during one or more visits

Rationale:

When MARPs receive counselling and testing for STI, they know the results and also how to manage the results. Testing for STIs would help to manage or reduce risk for HIV as well.

Numerator:

Number of MARPs reached with counseling and testing for STIs

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in client history forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client History Forms, Client registry

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped people with risk behaviors to go through the HIV test and know their results. Also this helps to provide further services to FPA clients.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/08

Indicator:

Number of condoms distributed among MARPs (FSW,MSM,BB,DU and etc)

Definition:

Number of condoms distributed among most at risk people by FPA based on the individual clients' need.

Rationale:

To prevent from HIV/STIs it is important that MARPs avoid unprotected sex and have access to condoms as per their requirement.

Numerator:

Number of condoms distributed to MARPs

Denominator:

N/A

Data collection methodology:

Numbers of condoms distributed are recorded in peer educator diaries (reported via Peer Educator Calendars) or client history forms are captured through a web based data management system maintained by partner organizations / FPA SDPs. Data is entered at service delivery points and checked for consistency at all reporting levels. The recorded numbers are verified with stock registry and condom distribution list records.

MoV/Data source:

Peed Educator Diaries, Peer Educator Calendars, Client history forms

Strengths/ Weaknesses:

This helps to assess how effective is the condom distribution among MARPs. However this will not give any idea how the distributed condoms were used effectively.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/09

Indicator:

Number of MARPs (FSW, MSM, BB, DU and etc) reached with voluntary counseling and testing (VCT) service package for HIV.

Definition:

Number of MARPs received voluntary counseling and testing service package for HIV from FPA or referrals through FPA. In-order to count for the indicator the client must receive

Pre- test counseling	HIV test and
Post- test counseling	Client may receive these services during one or more visits

Rationale:

MARPs having access to counselling and HIV testing helps to know their status and how to cope with the status. Counselling helps to positively live with HIV and/or minimize the spread. Counselling is an important part of HIV interventions. Also this helps to provide further services to FPA clients.

Numerator:

Number of MARPs (FSW, MSM, BB, DU and etc) reached with voluntary counseling and testing (VCT) service package for HIV

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms and clinic visits as recorded in client history forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client Registry, Client history forms

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped people with risk behaviors to go receive counseling for HIV test and know their results.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/10

Indicator:

Number and percentage of HIV and STI/RTI services provided by SDPs/FPA

Definition:

Number and percentage of HIV and STI/RTI related services provided by service delivery points based on individual clients need.

Rationale:

It is important that FPA provides effective HIV and STI/ RTI services among other services so that prevention of those diseases will be effective.

Numerator:

Number of HIV and STI/RTI services provided by SDPs / FPA

Denominator:

Total number of services provided by SDPs/ FPA

Data collection methodology:

Services provided by SDPs are recorded on a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client history forms, Client registry

Strengths/ Weaknesses:

This helps to assess how effective FPA provided HIV and STI/RTI services through SDPs.

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/11

Indicator:

Number of service types provided by SDPs out of HIV continuum of care service package

Definition:

Number of service types provided by SDPs under all services of HIV care service package. HIV continuum of care package includes but not be limited to:

1. Behavior change communication (BCC) for MARP
2. Condom distribution - Male condoms
3. Condom distribution - Female condoms
4. Condom distribution – with lubricants
5. STI management – Syndromes
6. STI management – Diagnosis
7. STI management –Treatment
8. VCT - STI - Pre-test counseling
9. VCT –STI- Post-test counseling
10. VCT -STI Lab analysis (on-site)
11. VCT - HIV- Pre-test counseling
12. VCT –HIV- Post-test counseling
13. VCT –HIV- Lab analysis (on-site)
14. Psycho-social support for PLHIVs
15. PMTCT - Prong 1 (Primary prevention of HIV among women of childbearing age)
16. PMTCT - Prong 2 (Preventing unintended pregnancies in women living with HIV)
17. PMTCT - Prong 3 (Preventing HIV transmission from a women living with HIV to her infant)
18. PMTCT - Prong 4 (Providing appropriate treatment, care and support to women living with HIV and their children and families)
19. Treatment of opportunistic infections – Tuberculosis
20. Treatment of opportunistic infections –Malaria
21. Treatment of opportunistic infections -Hepatitis C
22. Antiretroviral treatment (ART)
23. Palliative care

Rationale:

One of the services provided by SDPs is care service package. The care service package should equally help people as other services provided by SDPs. And also it is important what type of care services provided by SDPs.

Numerator:

Number of service types provided by SDPs HIV care service package

Denominator:

N/A

Data collection methodology:

Services provided by SDPs are recorded on a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client registry, Client history forms

Strengths/ Weaknesses:

This helps to assess how effective FPA provided care service package to People Living with HIV and People at risk through SDPs.

References :

Global Indicators, International Planned Parenthood Federation

Indicator reference number: HIV/OP/12

Indicator:

Number of individuals from the targeted audience reached through community outreach with at least one HIV information, communication or behavior change communication

Definition:

Number of individuals who have received at least one service through the community outreach programme.

Rationale:

Community outreach programme provides services to individuals who are hard to reach. This helps to cover the targeted audience even though they do not come and receive services.

Numerator:

Number of individuals from the targeted audience reached through community outreach with at least one HIV information, communication or behavior change communication

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client History Forms, Peer Educators' daily record books

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped targeted people to receive services through community outreach so that effectiveness of the community outreach programme is assessed.

Indicator reference number: HIV/OP/13

Indicator:

Number and percentage of young people aged 10-24 years reached by HIV education

Definition:

Number of young people (10-24) attended HIV prevention programmes compared to total attended such programmes. HIV education may include: ways of HIV transmission, STIs, How to prevent HIV/STIs, safer sex methods, HIV testing/ counseling services etc.

Rationale:

It is important that key populations are aware of and have adequate knowledge on HIV transmission and how to prevent it. This will also help to share the knowledge with their peers.

Numerator:

Number of young people aged 10-24 years reached by HIV education

Denominator:

Total number of people reached with HIV prevention programmes

Data collection methodology:

Participant information are captured through a web based data management system. Data is entered at SDP level.

MoV/ Data source:

SDP reports, web based data management system

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped young people to go through the HIV education and have adequate understanding. Also this helps to encourage them to go for HIV test if they feel necessary. However although they attend the programme, it is not clear how they use the gained knowledge. This indicator do not use a unique identifier to capture individuals which may results duplications up to certain level

Indicator reference number: HIV/OP/14

Indicator:

Number and percentage of key populations reached with HIV prevention programmes

Definition:

Number of key populations attended HIV prevention programmes compared to the estimated size of the population.

Rationale:

It is important that key populations are aware of and have adequate knowledge on HIV transmission and how to prevent it. This will also help to share the knowledge with their peers.

Numerator:

Number of key populations reached with HIV prevention programmes

Denominator:

Estimated size of the population derived from national size estimation of MARPs

Data collection methodology:

Client details as recorded in program attendance sheets are captured through a web based data management system. Data is entered at SDP level.

MoV/ Data source:

SDP reports, web based data management system

Strengths/ Weaknesses:

This helps to assess how FPA interventions helped people with risk behaviors to go through the HIV education and have adequate understanding. Also this helps to encourage them to go for HIV test if they feel necessary. However although they attend the programme, they may not have given knowledge with them. This indicator do not use a unique identifier to capture individuals which may results duplications up to a certain level

References:

The Global Fund, Monitoring and evaluation Toolkit, Part 2:HIV

Indicator reference number: HIV/OP/15

Indicator:

Number of adults and children living with HIV who receive care and support services

Definition:

HIV positive adults and children who receive at least one care and support services from FPA or other care and support providers. HIV care and support services include:

01) HIV and AIDS – Consultation
02) HIV and AIDS - Management - Medical – ARVs
03) HIV and AIDS - Management - Medical – OI
04) HIV and AIDS - Investigation - Lab test - Monitoring viral load test
05) HIV and AIDS - Investigation - Lab test - Monitoring CD4 count test
06) HIV and AIDS - Investigation – Examination
07) HIV and AIDS - Prevention - Prophylaxis – ARVs
08) HIV and AIDS - Counselling - Psycho-social support

Rationale:

To maintain health and prevent infecting others, it is important for individuals to obtain continuous care and support.

Numerator:

Number of adults and children living with HIV who receive care and support services

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client history forms and Client registry

Strengths/ Weaknesses:

This helps to track People Living with HIV and provide them with necessary services so that further spread is minimized and PLHIV maintain healthy life. However some PLHIV may not opt for these services so that services will not reached to them.

References:

Service Statistic Definitions, International Planned Parenthood Federation (IPPF), 2014

Indicator reference number: HIV/OP/16

Indicator:

Total number of condoms distributed by FPA (SMP and other SDPs) among general population for dual protection

Definition:

Total number of condoms distributed (with charge or free of charge) by social development programme and service delivery points for the protection from unwanted pregnancies and HIV and STIs.

Rationale:

The condom distributed for dual protection will help to minimize unwanted pregnancies and minimize spread of HIV and STIs.

Numerator:

Total number of condoms distributed by FPA (SMP and other SDPs) among general population for dual protection

Denominator:

N/A

Data collection methodology:

Data is collected through SMP and SDP reports submitted monthly. The data is also available at the web based system. Data is entered at SDP level.

MoV/ Data source:

SMP/ sales reports, client history forms

Strengths/ Weaknesses:

This helps to assess how FPA condom distribution is effective for dual protection how each mechanism delivers according to plans. However this will not give any idea about the use of condoms.

3.4 Access

3.4.1 Indicator summary table

Level	Number	Indicator	Programme area/ Indicator category
Impact	ACC/IM/01	Maternal Mortality Ratio	Impact
	ACC/IM/02	Prevalence of cervical / breast cancer among women age 35-49 years	Impact
	ACC/IM/03	Contraceptive prevalence rate	Impact
Outcome	ACC/OC/01	Number of clients referred/ escorted to the static clinics by the community based health assistants / Peer Educators based on individual needs of the clients for SRH services	Referrals
	ACC/OC/02	Number and percentage of participants to the demand generation programs subsequently visited to the static clinics and registered seeking SDP services	Awareness raising/ Coverage
	ACC/OC/03	Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme	Service provision
	ACC/OC/04	Number and percentage of women in reproductive age who have screened for cervical / breast cancer during past 12 months and know results disaggregated by age group.	Coverage
	ACC/OC/05	Number and percentage of women who have screened for breast / cervical cancer and received results / post test counseling from FPA SDPs.	Quality of Care
	ACC/OC/06	Number of female clients served by the SDPs supported by FPA who have screened for cervical and/or breast cancer, diagnosed to be positive and referred for further screening or treatments	Coverage/ Referrals

	ACC/OC/07	Number and percentage of sub fertility clients assisted by FPA clinics reported conception after counseling and / or treatments	Outcome/ Service provision
	ACC/OC/08	Percentage of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months disaggregated by age.	Sexual and gender based violence
	ACC/OC/09	Percentage of currently married women who usually make a decision about own health care either by themselves or jointly with their husbands	Gender equality
Output	ACC/OP/01	Number and percentage of services provided through outreach service delivery approaches	Service provision
	ACC/OP/02	Number of services provided disaggregated by age, by gender and by service type	Service provision
	ACC/OP/03	Percentage of clients who are poor, marginalized, socially excluded, stigmatized and underserved	Coverage/ inclusiveness
	ACC/OP/04	Percentage of health service delivery points supported by FPA providing minimum package of family planning services as part of reproductive health services package as per provincial/national standards[6]	Service provision
	ACC/OP/05	Number of SDPs supported by FPA with functioning public-private partnership mechanisms in place for ensuring universal access to reproductive health	Partnerships
	ACC/OP/06	Number of key government officials sensitized and trained to incorporate population, reproductive health and gender issues with the health system.	Awareness raising/ Capacity building
	ACC/OP/07	Average number of client visits to the static clinic	Coverage

[6] Refer standards here

	ACC/OP/08	Number and percentage of new clients registered at the static clinics as a recommendation of another clinic / service provider	Coverage/ External Referral mechanism
	ACC/OC/09	Number and percentage of new clients registered at the static clinics as a recommendation of an old client	Coverage/ Client satisfaction
	ACC/OP/10	Number of clients received at least one service from any FPA/ SDP disaggregated by age, gender and service type	Coverage / Service provisions
	ACC/OP/11	Number of community based volunteer health assistants / Peer Educators in position	Volunteers/ Peer Educators
	ACC/OP/12	Number of new products / brands introduced to the market by FPA social marketing programme	Service provision/ product diversification
	ACC/OP/13	Number of static clinics which provide all the services in the integrated package of essential services (IPES)	Service provision
	ACC/OP/14	Number of pregnant women received minimum package of ante natal care services	Ante natal care
	ACC/OP/15	Number of national and subnational multi-sectoral mechanisms operational to respond to gender-based violence	Sexual and gender based violence
	ACC/OP/16	FPA Sri Lanka mass media communications strategy in place and timely reviewed to cope with emerging external environmental needs.	Communication strategy
	ACC/OP/17	Number of IEC/ BCC materials developed disaggregated by type	Behavior Change communication
	ACC/OP/18	Number of new users / new acceptors reported disaggregated by family planning method and age	Coverage

3.4.2 Descriptions of each indicator - Access

Indicator reference number: ACC/IM/01

Indicator:

Maternal Mortality Ratio

Definition:

Maternal mortality ratio (MMR): the number of maternal deaths in a population divided by the number of women of reproductive age, usually expressed per 100,000 women. [7]

Rationale:

Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. The maternal mortality ratio represents the risk associated with each pregnancy, i.e. the obstetric risk. It is also a MDG indicator.

Numerator:

Number of maternal deaths

Denominator:

Number of maternal deaths

Data collection methodology:

Data collected from Ministry of Health reports

MoV/ Data source:

Reports from Ministry of Health

Strengths/ Weaknesses:

This is an indicator used universally to measure maternal health. MMR is also a measure of the quality of maternal and child health services in the country.

References:

WHO Maternal Statistics http://www.who.int/healthinfo/statistics/indmaternalmortality/en/

[7] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Indicator reference number: ACC/IM/02

Indicator:

Prevalence of cervical / breast cancer among women age 35-49 years

Definition:

Number of women age 35-49 years tested and confirmed for cervical / breast cancer for a specific period compared to number of women age 35-49

Rationale:

Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. Worldwide, cervical cancer affects half a million women and kills a quarter million women each year. Over 85% of cervical cancer cases and deaths occur in developing countries. Virtually all cases are linked to persistent infection with human papillomavirus (HPV). The disproportionate burden of cervical cancer is highest in countries where effective screening, diagnosis, and treatment is limited or absent. This can be decreased by earlier detection through screening and increased awareness, as well as improved treatment.

Numerator:

Number of women age 35-49 years have cervical / breast cancer in a given period

Denominator:

Number of women age 35-49

Data collection methodology:

Data collected from Ministry of Health reports

MoV/ Data source:

Reports from Ministry of Health

Strengths/ Weaknesses:

This is an indicator used universally to measure women's' health.

References:

American Cancer Society, Cervical Cancer Statistics 2013 http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-what-is-cervical-cancer

Indicator reference number: ACC/IM/03

Indicator:

Contraceptive prevalence rate

Definition:

Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49.

Rationale:

The CPR provides a measure of population coverage of contraceptive use, taking into account all sources of supply and all contraceptive methods; it is the most widely reported measure of outcome for family planning programs at the population level. Technically speaking, CPR is a ratio, not a rate. (Prevalence is measured by a ratio and incidence by a rate.) For a given year, contraceptive prevalence measures the percentage of women of childbearing age in union who use a form of contraception.

Numerator:

Number of people are currently using a contraceptive method

Denominator:

Total number of women of reproductive age who are at a risk of pregnancy

Data collection methodology:

Data collected from Ministry of Health reports

MoV/ Data source:

Reports from Ministry of Health

Strengths/ Weaknesses:

This is an indicator used universally to measure contraceptive use.

References:

Measure Evaluation, Contraceptive Prevalence Indicators http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cpr

http://www.wpro.who.int/reproductive_health/data/en/

Indicator reference number: ACC/OC/01

Indicator:

Number of clients referred to the static clinics by the community based health assistants / Peer Educators based on individual needs of the clients for SRH services

Definition:

Number of new clients registered at the static clinics referred by FPA volunteers based on request of the client

Rationale:

FPA static clinics provide package of services to clients. Clients are referred by volunteers, other service providers and existing clients etc. Volunteers play a critical role in linking clients with static clinics

Numerator:

Number of clients referred to the static clinics by the community based health assistants / Peer Educators based on individual needs of the clients for SRH services

Denominator:

Number of all clients referred to the static clinics

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. How the client was referred is mentioned in the client registry. Data is entered at SDP level.

MoV/ Data source:

Client Registry, web based data management system.

Strengths/ Weaknesses:

The indicator shows how effective volunteers mobilize clients. Practically some clients are referred by multiple sources which may be difficult to track at the time of registration.

Indicator reference number: ACC/OC/02

Indicator:

Number and percentage of participants to the demand generation programs subsequently visited to the static clinics and registered seeking SDP services

Definition:

Number of participants to the demand generation programs visited the static clinics and registered seeking SRH services compared to all clients registered for clinics

Rationale:

FPA conduct demand generation pogrammes to sensitize people on available services particularly in static clinics provide package of services to clients. Through demand generation programmes, potential clients get information about available services.

Numerator:

Number of participants to the demand generation programs visited the static clinics and registered seeking SRH services

Denominator:

Number of people participated to the demand generation programs

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. How the client was referred is mentioned in the client registry. Data is entered at SDP level. Number of participants to the demand generation programs is recorded in the attendant sheets and captured through the web based data management system.

MoV/ Data source:

Client Registry, Attendant sheets of the demand generation programs

Strengths/ Weaknesses:

The indicator shows how successful is demand generation programmes and as a result how many people came to static clinics.

Indicator reference number: ACC/OC/03

Indicator:

Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme disaggregated by the method of contraception

Definition:

The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold and / or distributed free of charge to clients during that period. FPA will use the latest CYP conversion factors which IPPF publish and share with member associations time to time.

Rationale:

CYP measures the volume of program activity. Program managers and donor agencies use it to monitor progress in the delivery of contraceptive services at the program and project levels. This measure is currently one of the most widely used indicators of output in international FP programs.

Numerator:

Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme

Denominator:

N/A

Data collection methodology:

Monitoring and Evaluation Information Management System

MoV/ Data source:

Sales Reports, Client history forms

Strengths/ Weaknesses:

This indicator has several advantages:

- It can be calculated from data routinely collected through programs or projects, and thus minimizes the data collection burden;
- These data can be obtained from all the different service delivery mechanisms (clinics, community-based distributors, social/commercial marketing);
- The CYP calculation is relatively simple to do; andCYP allows programs to compare the contraceptive coverage provided by different FP methods.

References:

Corby N, Boler T and Hovig D.,2009, The MSI Impact Calculator: methodology and assumptions., London: Marie Stopes International

Marie Stopes International, Service Statistics http://eng.mariestopes.org.bo/index.php?q=servicios/estadisticas/cyp

Indicator reference number: ACC/OC/04

Indicator:

Number and percentage of women in reproductive age who have screened for cervical / breast cancer during past 12 months and know results disaggregated by age group.

Definition:

Number of women know results who were screened during past 12 months compared to total number of women interviewed disaggregated by age group. .

Rationale:

As part of the service package, FPA provides screening services for cervical/breast cancer. This helps to detect breast cancer at early stages which allows treatment when needed.

Numerator:

Number of women who have screened for cervical/breast cancer during past 12 months and know results disaggregated by age group

Denominator:

Number of women interviewed

Data collection methodology:

Survey reports

MoV/ Data source:

Survey conducted on cervical cancer

Strengths/ Weaknesses:

This is a strong indicator to show how many clients positive for cancer are aware of results.

References:

American Cancer Society, Cervical Cancer Statistics 2013

http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-what-is-cervical-cancer

http://www.cdc.gov/cancer/cervical/

Indicator reference number: ACC/OC/05

Indicator:

Number and percentage of women who have screened for breast / cervical cancer and received results / post test counseling from FPA SDPs.

Definition:

Number and percentage of women who have screened for breast / cervical cancer and received results and post test counseling. A client should receive following services during one or more visits in order to be counted for this indicator. Additional services may provide based on individual client needs.

01) Breast Cancer
Gynaecology - Counselling - Pre Test - Breast cancer AND
Gynaecology - Investigation - Examination - Manual breast exam AND
Gynaecology - Counselling - Post test - Breast cancer - Negative Clients OR
Gynaecology - Counselling - Post test - Breast cancer - Positive Clients

02) cervical cancer
Gynaecology - Counselling - Pre-test - Cervical cancer AND
Gynaecology - Prevention - Screening - PAP - sampling procedure
Gynaecology - Prevention - Screening - PAP - lab test (SDP owned lab or external lab)
Gynaecology - Counselling - Post test - Cervical cancer - Negative Clients OR
Gynaecology - Counselling - Post test - Cervical cancer - Positive Clients

Rationale:

As part of the service package, FPA provides screening services for breast / cervical cancer. The clients should receive the results of the test with post test counseling to ensure the quality of the service.

Numerator:

Number of women who have screened for breast / cervical cancer and received the results / post test counseling.

Denominator:

Number of women screened for breast/ cervical cancer.

Data collection methodology:

FPA Sri Lanka Monitoring and Evaluation Information Management System.

MoV/ Data source:

Client history forms

Strengths/ Weaknesses:

This measure the effectiveness of the cancer prevention services provided by FPA Sri Lanka clinics

Indicator reference number: ACC/OC/06

Indicator:

Number of female clients served by the SDPs supported by FPA who have screened for cervical and/or breast cancer, diagnosed to be positive and referred for further screening or treatments

Definition:

Number of female clients referred for further screening or treatments who are positive for cervical and/or breast cancer. The client should receive following services during one or more visits in-order to be counted for this indicator.

01) Breast Cancer

Gynaecology - Counselling - Pre-test - breast cancer

Gynaecology - Investigation - Examination - Manual breast exam

Gynaecology - Counselling - Post-test – breast cancer- Positive Clients

Referral

02) Cervical Cancer

Gynaecology - Counselling - Pre-test - Cervical cancer

Gynaecology - Prevention - Screening - PAP - sampling procedure

Gynaecology - Prevention - Screening - PAP - lab test (SDP owned lab or external lab)

Gynaecology - Counselling - Post test - Cervical cancer - Positive Clients

Referral

Rationale:

Clients who are positive for cervical and/or breast cancer should receive post test counseling and should be referred for further screening and treatment, so that they receive necessary services accordingly.

Numerator:

Number of female clients served by the SDPs supported by FPA who have screened for cervical and/or breast cancer, diagnosed to be positive and referred for further screening or treatments

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client History Forms and Client referral slips,

Strengths/ Weaknesses: This is a strong indicator to show how many clients positive for cancer were referred. But it doesn't show how many of them received expected services from referred service points.

References:

American Cancer Society, Cervical Cancer Statistics 2013 http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-what-is-cervical-cancer

http://www.cancer.gov/cancertopics/types/breast

Indicator reference number: ACC/OC/07

Indicator:

Number and percentage of sub fertility clients assisted by FPA clinics reported conception after counseling and / or treatments

Definition:

Number of clients reported conception after receiving related services from FPA compared to all clients received those services.

Rationale:

Sub fertility clients need necessary counseling and treatment services to be hopeful about conception.

Numerator:

Number of sub fertility clients assisted by FPA clinics reported conception after counseling and / or treatments

Denominator:

Number of sub fertility clients assisted by FPA clinics

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client registry, Client history forms

Strengths/ Weaknesses:

The indicator gives clear idea how successful FPA's services regarding sub fertility. This assume that the clients are not seeking the similar services elsewhere.

Indicator reference number: ACC/OC/08

Indicator:

Percentage of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months disaggregated by age.

Definition:

Number of women (ever-married or partnered women aged 15-49) who shares experience of physical or sexual violence from the male intimate partner compared to all women interviewed.

Rationale:

Physical or sexual violence from a male intimate partner affects sexual and reproductive health of women. It may also cause/ lead to STIs, unwanted pregnancies, physical and mental health problems.

Numerator:

Number of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months

Denominator:

Number of ever-married or partnered women aged 15-49 interviewed/ surveyed

Data collection methodology:

A survey which includes questions about physical or sexual violence shared by women.

MoV/ Data source: Survey report.

Strengths/ Weaknesses:

The indicator gives clear idea about ever-married or partnered women's experience in gender based violence, however it is needed to conduct a survey to collect data for the indicator.

References:

http://www.who.int/mediacentre/factsheets/fs239/en/

Indicator reference number: ACC/OC/09

Indicator:

Percentage of currently married women who usually make a decision about their own health care either by themselves or jointly with their husbands.

Definition:

Number and percentage of currently married women who confirms that they make decisions about own health care comfortably as and when needed.

Rationale:

Married women have an important role in raising children etc, therefore they should have the ability to make decisions on their own health.

Numerator:

Number of currently married women who usually make a decision about own health care either by themselves or jointly with their husbands

Denominator:

Number of currently married women interviewed/ surveyed

Data collection methodology:

A survey which includes questions about decision making by currently married women.

MoV/ Data source:

Survey report.

Strengths/ Weaknesses:

The indicator gives clear idea about women's ability to make decisions on own health, however it is needed to conduct a survey to collect data for the indicator.

Indicator reference number: ACC/OP/01

Indicator:

Number and percentage of services provided through outreach service delivery approaches

Definition:

Number of services provided through outreach delivery approaches such as mobile clinics, through volunteers etc compared to services provided through all means. (Please refer annexure 01 – FPA Sri Lanka Service Statistic definitions)

Rationale:

Some of the clients such as adolescents, poor and marginalized communities need to be reached by making services available closer to them.

Numerator:

Number of services provided through outreach service delivery approaches

Denominator:

Number of services provided through all means.

Data collection methodology:

Through SDP reports, web based data management system.

MoV/ Data source:

Client history forms, Volunteers daily record books

Strengths/ Weaknesses:

This indicator shows how FPA service delivery points use standards for services. This indicator shows the strength of FPA to provide outreach services

Indicator reference number: ACC/OP/02

Indicator:

Number of services provided based on individual needs disaggregated by age, by gender and by service type.

Definition:

Number of services provided disaggregated by age, by gender and by service type. These services should be provided based on individual clients' needs for medical / counseling services. So, group discussions, awareness programs, distribution of IEC/BCC materials will not be counted as a service.

Rationale:

Services accessed by clients from different age and gender is important for outreach of services to needed target audiences.

Numerator:

Number of services provided disaggregated by age, by gender and by service type.

Denominator:

N/A

Data collection methodology:

Information about services and clients are captured through a web based data management system. Client information is mentioned in the client form. Data is entered at SDP level.

MoV/ Data source:

Client Registry, Client history forms

Strengths/ Weaknesses:

The disaggregated data gives clear idea how clients in different ages, gender had access to different service types.

Indicator reference number: ACC/OP/03

Indicator:

Estimated percentage of clients who are poor, marginalized, socially excluded, stigmatized and underserved

Definition:

Number of poor, marginalized, socially excluded, stigmatized and underserved [5] clients out of total clients received services.

Rationale:

Poor, marginalized, socially excluded, stigmatized and underserved clients may not be affordable for SRH services therefore they should receive services provided free of charge.

Numerator:

Number of clients who are poor, marginalized, and underserved

Denominator:

Number of total clients

Data collection methodology:

A client based survey conducted using PMSU estimation tool [9]

MoV/ Data source:

Survey results

Strengths/ Weaknesses:

This indicates how effective reaching out poor, marginalized, and underserved clients.

[8] Definition: Please see Annexure- 01 for FPA SL Standard Service Definitions

[9] Please see annexure-03 for PMSU estimation tool

Indicator reference number: ACC/OP/04

Indicator:

Percentage of health service delivery points supported by FPA providing minimum package of family planning services as part of reproductive health services package as per provincial/ national standards.

Definition:

Number of SDPs provide family planning services according to national / provincial standards compared to all FPA supported SDPs. Minimum package of family planning services will include family planning general counselling, method specific counseling for all the family planning methods, initial counseling on Emergency Contraception, oral contraceptives, condoms, injectable, at least one long acting reversible contraceptive method (implants or IUD), and Emergency contraceptives.

Rationale:

Providing family planning services and information according to national / provincial standards improves quality of the service and gives credibility to the service. FPA follows national standards so that uniform services are provided.

Numerator:

Number of health service delivery points supported by FPA providing minimum package of family planning services as part of reproductive health services package as per provincial/ national standards.

Denominator:

Number of service delivery points provide medical services

Data collection methodology:

Web based data management system. SDP reports.

MoV/ Data source:

Client Registry, Client history forms.

Strengths/ Weaknesses:

This indicator shows how FPA service delivery points use standards for services.

Indicator reference number: ACC/OP/05

Indicator:

Number of SDPs supported by FPA with functioning public-private partnership mechanisms in place for ensuring universal access to reproductive health.

Definition:

Number of SDPs which have established public-private partnership mechanisms in place for ensuring universal access to reproductive health. The partnership may be with government entities, NGOs, profit making entities which are ready to come for a common objective. Evidence for the functioning mechanism may include written MoU, implementation of the MoU, joint programmes/ initiatives conducted, joint statements/ media messages issued etc.

Rationale:

Partnership with the government and private sector organizations is essential for ensuring universal access to reproductive health. SDPs are tasked to establish these partnerships.

Numerator:

Number of SDPs supported by FPA with functioning public-private partnership mechanisms in place for ensuring universal access to reproductive health

Denominator:

N/A

Data collection methodology:

SDP performance information is captured in the web based data management system. Group and individual discussions with SDP staff and partners

MoV/ Data source:

Support documents maintained by SDPs as specified in the indicator definition

Strengths/ Weaknesses:

The indicator gives an idea whether the partnership is functioning. However “functioning level’ can be different to different situations.

Indicator reference number: ACC/OP/06

Indicator:

Number of key government officials sensitized and trained to incorporate population, reproductive health and gender issues with the health system.

Definition:

Number of government officials who are responsible to incorporate population, reproductive health and gender issues. The training may include "need for RH, gender issues related to RH, how to mainstream RH and gender etc.

Rationale:

It is needed to incorporate population, reproductive health and gender issues in policy, national plans and relevant programmes. Key government officials should have sufficient knowledge and sensitivity on these issues so that they have ability to incorporate them.

Numerator:

Number of key government officials sensitized and trained to incorporate population, reproductive health and gender issues.

Denominator:

N/A

Data collection methodology:

Training information are captured in the web based data management system.

MoV/ Data source:

Attendance Sheets, Training Curriculums, and other project documentation

Strengths/ Weaknesses:

This indicates how successful key government officials' attendance in training and sensitization programmes. However this doesn't say how effective is, use of gained knowledge.

Indicator reference number: ACC/OP/07

Indicator:

Average number of client visits to the static clinic [10]

Definition:

Average number of clinics visits recorded per client. Total number of client visits to static clinics divided by total number of clients.

Rationale:

FPA SDPs conduct static clinics weekly basis or more frequently to provide specified SRH services to clients. The clinics are conducted with assistance from health professionals including medical doctors. Average client visits show the usage of static clinics and indicate the trends in re-visits.

Numerator:

Total Number of client visits to the static clinics during a year or reference period

Denominator :

Total number of clients who received at least one service

Data collection methodology:

Clinic details captured through a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client history forms

Strengths/ Weaknesses:

The indicator shows how successful static clinics are in terms of providing follow-up services during subsequent visits. Also this measure the confidence and loyalty of clients towards a particular clinic

[10] Please see Annexure 1 for FPA SL Standard Service Definitions

Indicator reference number: ACC/OP/08

Indicator:

Number and percentage of new clients registered at the static clinics as a recommendation of another clinic / service provider

Definition:

Number and percentage of new clients registered at the static clinics as a recommendation of another clinic / service provider

Rationale:

FPA run static clinics provide package of services to clients. Clients are referred by volunteers, other service providers and existing clients etc. When clients are referred by other service providers, it shows their satisfaction regarding FPA services and the strength of the external referral mechanism

Numerator:

Number of new clients registered at the static clinics as a recommendation of another clinic / service provider.

Denominator:

Total Number of new clients registered at the static clinics

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. How the client was referred is mentioned in the client registry. Data is entered at SDP level.

MoV/ Data source:

Client registry

Strengths/ Weaknesses:

The indicator shows how satisfied other service providers are so that they refer new clients to the service. Practically some clients are referred by multiple sources, therefore the clients referred by different sources needs to be captured.

Indicator reference number: ACC/OP/09

Indicator:

Number and percentage of new clients registered at the static clinics as a recommendation of an old client

Definition:

Number of new clients registered at the static clinics as a recommendation of an old client

Rationale:

FPA run static clinics provide package of services to clients. Clients are referred by volunteers, other service providers and existing clients etc. When clients are referred by old clients, it shows their satisfaction regarding received services.

Numerator:

Number of new clients registered at the static clinics as a recommendation of an old client

Denominator:

Total number of new clients registered at the static clinics

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. How the client was referred is mentioned in the client form. Data is entered at SDP level.

MoV/ Data source:

Client registry

Strengths/ Weaknesses:

The indicator shows how satisfied existing clients are so that they refer new clients to the service. Practically some clients are referred by multiple sources, therefore the clients referred by different sources needs to be captured.

Indicator reference number: ACC/OP/10

Indicator:

Number of clients received at least one service from FPA projects/ SDP disaggregated by age, gender and district.

Definition:

Number of clients received at least one service from the different services provided by SDP. The data should be disaggregated by age, gender and district as specified in the service list.

Rationale:

SDPs/ FPA provide a package of services to clients. According to available information, most of the clients receive at least one service. It is important to analyze the demographic profile of the clientele in order to make programmatic decisions.

Numerator:

Number of clients received at least one service from aFPA/ SDP disaggregated by age, gender and district.

Denominator:

N/A

Data collection methodology:

Client details as recorded in client registration forms are captured through a web based data management system. A unique identifier code is used to identify each client. Data is entered at SDP level.

MoV/ Data source:

Client Registry, Client history forms.

Strengths/ Weaknesses:

The disaggregated data will give a clear idea the client profile.

Indicator reference number: ACC/OP/11

Indicator:

Number of community based volunteer health assistants (VHAs) / Peer Educators (PEs) in position

Definition:

Number of volunteers trained and deployed by SDPs/ FPA and in position during the month/ period concern. The VHA or the PE must provide at least one service, referral or a commodity to at least to one client during the month/period concern in-order to count for the numerator.

Rationale:

Community based volunteer health assistants / Peer Educators mobilize clients to access services and provide services to clients at the field level. FPA provide training and deploy volunteers for the field services.

Numerator:

Number of community based volunteer health assistants / Peer Educators in position

Denominator:

N/A

Data collection methodology:

SDP data are fed in to the web based data management system

MoV/ Data source:

VHAs / PEs daily record books and monthly reports

Strengths/ Weaknesses:

The indicator shows how many volunteers are in service. However more indicators are needed to measure the effectiveness.

Indicator reference number: ACC/OP/12

Indicator:

Number of new products / brands introduced to the market by FPA social marketing programme

Definition:

Number of new reproductive health related commodities newly advertised/ distributed to sales outlets

Rationale:

Family planning and other reproductive health related products need to serve needs and wants of different categories of clients. Therefore product innovation and diversification is needed which will attract more clients.

Numerator:

Number of new products / brands introduced to the market by FPA social marketing programme

Denominator:

N/A

Data collection methodology:

Social marketing programme data are fed in to the web based data management system

MoV/ Data source:

SMP Sales reports, web based data management system

Strengths/ Weaknesses:

This indicates product diversification and introduction of new products to the market. But it is not helpful to see whether new products are effective.

References:

SMP Annual reports

Indicator reference number: ACC/OP/13

Indicator:

Number and percentage of static clinics which provide all the services in the integrated package of essential services (IPES)

Definition:

Number of static clinics run by FPA which provide all the services specified in the IPES. Please see the annexure two for integrated package of essential services.

Rationale:

Provision of integrated package of services gives an opportunity for clients to receive necessary services from one provider as well as it is convenient for the clients to receive related services from one provider.

Numerator:

Number of static clinics which provide all the services in the integrated package of essential services (IPES)

Denominator:

Total number of static clinics operated by FPA Sri Lanka

Data collection methodology:

Services provided by SDPs are recorded on a web based data management system. Data is entered at SDP level.

MoV/ Data source:

Client history forms

Strengths/ Weaknesses:

This helps to assess how many static clinics provide IPES

Indicator reference number: ACC/OP/14

Indicator:

Number of pregnant women received minimum package of ante natal care services

Definition: Antenatal care is the care received from healthcare professionals during the pregnancy. Pregnant women will be offered a series of appointments with a midwife, or sometimes with a doctor who specializes in pregnancy and birth (an obstetrician). Minimum package of ante natal services includes,

1) Obstetrics - Consultation - Ante natal OR Obstetrics - Counselling - Ante natal
2) Obstetrics - Investigations - Lab tests - Ante natal – Urine
3) Obstetrics - Investigations - Lab tests - Ante natal – Fasting blood sugar
4) Obstetrics - Investigations - Lab tests - Ante natal – Hemoglobin (HB).
5) Obstetrics - Investigations - Examination - Ante natal

Additional services will be provided based on individual needs.

Rationale:

Ante natal care tracks health of the mother and the baby. At each antenatal appointment from 24 weeks of pregnancy, the midwife or doctor will check the baby's growth. To do this, they'll measure the distance from the top of the womb to the pubic bone. The measurement will be recorded in notes. In the last weeks of pregnancy, keep track of baby's movements.

Numerator:

Number of pregnant women received minimum package of ante natal care services

Denominator:

N/A

Data collection methodology:

Through SDP reports, web based data management system.

MoV/ Data source:

Client Registry, Client history forms

Strengths/ Weaknesses:

This indicator shows how pregnant mothers received ante natal care services from SDPs.

References:

WHO, 2013 Ante Natal Care Indicators http://www.who.int/pmnch/media/publications/aonsectionIII_2.pdf

Indicator reference number: ACC/OP/15

Indicator:

Number of national and sub national multi-sectoral mechanisms operational to respond to gender-based violence

Definition:

Number of national and subnational mechanisms (committees, joint programmes etc) under implementation to respond to gender-based violence

Rationale:

Gender based violence affects wellbeing of people particularly women and it might affect reproductive health of women as well. Therefore effective response to end gender based violence should be in place.

Numerator:

Number of national and subnational multi-sectoral mechanisms operational to respond to gender-based violence

Denominator:

N/A

Data collection methodology:

National and subnational plans accessed through relevant ministries and departments

MoV/ Data source:

National and sub-national plans

Strengths/ Weaknesses:

This indicates how response to gender based violence in place at national and provincial levels. However it is needed to define the term “mechanisms” accordingly.

References:

WHO Fact Sheets, http://www.who.int/mediacentre/factsheets/fs239/en/

Indicator reference number: ACC/OP/16

Indicator:

FPA Sri Lanka mass media communications strategy in place and timely reviewed to cope with emerging external environmental needs.

Definition:

Mass media communication strategy of FPA drafted, finalized and under implementation

Rationale:

Awareness through mass media would help to reach as many public as possible so that messages can be spread among a wider audience.

Numerator:

Mass media communications strategy in place

Denominator:

N/A

Data collection methodology:

Mass media communications strategy document and information about implementation of the strategy through programme reports

MoV/ Data source:

Mass media communications strategy document

Strengths/ Weaknesses:

This indicates whether the strategy is in place, however it is not clear the quality of the content and implementation

Indicator reference number: ACC/OP/17

Indicator:

Number of IEC/ BCC materials developed disaggregated by type

Definition:

Number of IEC/ BCC materials developed by FPA and what type of materials they are (brochures, posters etc)

Rationale:

Communication materials are important in educating people on SRH and related areas. FPA uses different types of IEC/BCC materials for educating people.

Numerator:

Type and number of IEC/ BCC materials developed

Denominator:

N/A

Data collection methodology:

By reviewing IEC/BCC materials

MoV/ Data source:

IEC/BCC materials

Strengths/ Weaknesses:

The indicator gives information only about quantity of materials developed.

Indicator reference number: ACC/OP/18

Indicator:

Number of new users / new acceptors reported disaggregated by family planning method and age

Definition:

Number of users newly started using or accepted to use family planning methods. The data will be disaggregated by the method and age of the user. Please refer annexure 01-08 for the new user definition.

Rationale:

There should be more people who are sexually active should start using family planning methods so that unwanted pregnancies can be prevented

Numerator:

Number of new users / new acceptors reported disaggregated by family planning method and age

Denominator:

N/A

Data collection methodology:

Monitoring and Evaluation Information Management System

MoV/ Data source:

Client history forms

Strengths/ Weaknesses:

Number of new users/ acceptors indicates how successful the promotion of family planning methods among new users is. More importantly disaggregated data will give more clear idea about which method was most accepted by which group.

3.5Abortion

3.5.1 Indicator summary table

Level	Number	Indicator	Programme area/ Indicator category
Impact	ABT/IM/01	Estimated number of unsafe abortions averted	Impact of interventions related to abortions
	ABT/IM/02	Estimated number of maternal deaths averted	Impact of interventions related to abortions
Outcome	ABT/OC/01	Estimated number of unintended pregnancies averted	Outcome of interventions related to abortions
	ABT/OC/02	Total Couple Years of Protection (CYP) provided by SDP and SMP disaggregated by the method	Outcome of interventions related to abortions
	ABT/OC/03	Enhanced knowledge and attitudes of women in reproductive age on preventing unwanted pregnancies and unsafe abortions	Knowledge and attitudes on abortions
Output	ABT/OP/01	Number and percentage of SDPs/ FPA programmes deliver massage on prevention of unwanted pregnancies and unsafe abortion	Awareness raising/ Prevention of unwanted pregnancies and unsafe abortion
	ABT/OP/02	Number and percentage of abortion related counseling services provided by SDPs / FPA	Counseling
	ABT/OP/03	Number of new users / new acceptors reported disaggregated by family planning method and age [11]	Coverage
	ABT/OP/04	Number of media sensitization programmes/ events conducted	Coverage/ Awareness raising
	ABT/OP/05	Number of policy makers reached for sensitization programs on unsafe abortion	Coverage/ Policy development
	ABT/OP/06	Number of positive responses received from policy makers for AERs focusing abortion	Policy development
	ABT/OP/07	PAC [12] guidelines and protocols in place	Guidelines

[11] Repeated - For information please see Access ACC/OP?19 indicator

[12] Post Abortion Care (PAC)

3.5.2Description of each indicator – Abortion

Indicator reference number: ABT/IM/01

Indicator:

Estimated number of unsafe abortions averted.

Definition:

Estimate number of unsafe abortions that do not happen because women don't experience an unintended pregnancy, and therefore do not need to seek an unsafe abortion.

Ex:- 01) Total Annual Impact –

In 2013 an estimated 13,701 unsafe abortions were averted; this includes the impact of women still using a LAPM from past years

02) Total Service Lifespan Impact –

The services provided in 2013 will avert an estimated 13,870 unsafe abortions; this includes impacts that will happen in future years from continued use of LAPMs

Rationale:

An unsafe abortion is defined as an abortion carried out unofficially for reasons not accepted in the laws of a

Country. Abortions outside the legal framework are frequently performed by unqualified and unskilled providers, or are self-induced. As a result, they may be incorrectly carried out or performed in unhygienic conditions, placing the woman at risk of often severe complications. Furthermore, they often lack immediately available medical support.

This indicator enables FPA Sri Lanka to estimate the number of unsafe abortions averted per CYP that FPA provided through its' all the service delivery channels. Unsafe abortion is one of the leading causes of maternal mortality and morbidity in Sri Lanka. Results of this indicator enable FPA to estimate one aspect of its contribution towards MDG 5 (improving maternal health).

Numerator:

N/A

Denominator:

N/A

Data collection methodology:

This indicator will use following national or regional data available in reliable data sources (Ex:- WHO, FHB and etc) apart from the organizational programmatic data on number of contraceptive items distributed, disaggregated by family planning method.

1) unsafe abortion ratio
2) Total abortion ratio
3) The probability pregnancy will not end in miscarriage

MoV/ Data source:

Client history forms, PE daily record books, SMP sales reports

Strengths/ Weaknesses:

This indicator enable FPA management to get an idea about its' contribution to national impact of reducing unsafe abortion and achievement of MDG 5. However, it requires reliable and updated national data.

References:

Corby N, Boler T and Hovig D. The MSI Impact Calculator: methodology and assumptions.

London: Marie Stopes International, 2009.

Indicator reference number: ABT/IM/02

Indicator:

Estimated number of maternal deaths averted.

Definition:

Estimate of the number of maternal deaths that do not happen because women don't experience an unintended pregnancy- based on trends in maternal mortality (WHO) that change over time (so in future years, when MMR is lower, one unintended pregnancy will avert fewer maternal deaths)

Ex:-

01) Total Annual Impact - In 2013 an estimated 26 maternal deaths were averted; this includes the impact of women still using a LAPM from past years

02) Total Service Lifespan Impact - The services provided in 2013 will avert an estimated 27 maternal deaths; this includes impacts that will happen in future years from continued use of LAPMs

Rationale:

The MMR is defined as the number of maternal deaths per 100,000 live births. It includes all women who die whilst pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This Indicator enables FPA Sri Lanka to estimate the number of maternal mortalities averted per CYP that FPA provide though its' all service delivery methods. This indicator provides an important means for FPA Sri Lanka to estimate its contribution to MDG 5, which focuses on improving maternal health.

Numerator:

N/A

Denominator:

N/A

Data collection methodology:

This indicator will use following national or regional data available in reliable data sources (Ex:- WHO, FHB and etc) apart from the organizational programmatic data on number of contraceptive items distributed, disaggregated by family planning method.

1) maternal mortality ratio (MMR)

Probability pregnancy ends in live birth

MoV/ Data source:

Client history forms, PE daily record books, SMP sales reports

Strengths/ Weaknesses:

This indicator enable FPA management to get an idea about its' contribution to national impact of reducing maternal mortality and achievement of MDG 5. However, it requires reliable and updated national data.

References:

Corby N, Boler T and Hovig D. The MSI Impact Calculator: methodology and assumptions.

London: Marie Stopes International, 2009.

Indicator reference number: ABT/OC/01

Indicator:

Estimated number of unintended pregnancies averted.

Definition:

Estimate of the number of unintended pregnancies that will not happen because women are using family planning- it is based on method specific failure rates, and, an assumption that if women were using no method, they would get pregnant around 40% of the time (adjusted by age). The number of pregnancies averted per CYP was simply derived from a ratio developed by AGI in 1996; that seven CYPs will avert four unintended pregnancies.

Ex:-

01) Total Annual Impact - In 2013 an estimated 122,664 unintended pregnancies were averted; this includes the impact of women still using a LAPM from past years.

02) Total Service Lifespan Impact - The services provided in 2013 will avert an estimated 124,177 unintended pregnancies; this includes impacts that will happen in future years from continued use of LAPMs.

Rationale:

This Indicator enables FPA Sri Lanka to estimate the number of pregnancies that averted by providing family planning methods. This presents a basic but crucial means with which FPA Sri Lanka can estimate the impact of its family planning services.

Numerator:

N/A

Denominator:

N/A

Data collection methodology:

Monitoring and Evaluation Information Management System

MoV/ Data source:

SMP sales reports, Client history forms, PEs/VHAs daily record books

Strengths/ Weaknesses:

This indicator enable FPA management to get an idea about its' contribution to national impact of reducing maternal mortality and achievement of MDG 5. However, it has some significant limitations. For example, the AGI ratio assumes that the likelihood that a woman will become pregnant in the absence of contraception is similar across the world and across age cohorts. However, this is almost certainly not the case. National and regional differences in infertility

exist, as do variations in the underlying patterns of sexual behavior that will increase or decrease the probability of pregnancy for many women. As a result, the probability of pregnancy will differ between regions, countries and individuals.

References:

Corby N, Boler T and Hovig D. The MSI Impact Calculator: methodology and assumptions.

London: Marie Stopes International, 2009.

Indicator reference number: ABT/OC/02

Indicator:

Total Couple Years of Protection (CYP) [13] provided by SDP and SMP disaggregated by the method.

Definition:

The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. So, One full CYP is the equivalent of one year of protection from unintended pregnancy for one couple. FPA Sri Lanka will use the CYP conversion factors publish by IPPF time to time to calculate the CYP.

Rationale:

CYP measures the volume of program activity. Program managers and donor agencies use it to monitor progress in the delivery of contraceptive services at the program and project levels. This measure is currently one of the most widely used indicators of output in international FP programs.

Numerator:

Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme

Denominator:

N/A

Data collection methodology:

Monitoring and Evaluation Information Management System

MoV/ Data source:

SMP sales reports, Client history forms, PEs/VHAs daily record books

Strengths/ Weaknesses:

This indicator has several advantages:

- It can be calculated from data routinely collected through programs or projects, and thus minimizes the data collection burden;
- These data can be obtained from all the different service delivery mechanisms (clinics, community-based distributors, social/commercial marketing);
- The CYP calculation is relatively simple to do; and CYP allows programs to compare the contraceptive coverage provided by different FP methods.

However, CYP conversion factors do not reflect regional or national estimates of wastage for condoms or frequency of sexual intercourse. Furthermore, they do not account for method substitution. A particular

distribution programme may simply cause people to replace one contraceptive method or supplier for another and not necessarily increase the overall use of contraception. In addition, these factors do not reflect the cost effectiveness of different programmes. They also ignore whether a particular programme is reaching high-risk or marginalized groups.

References:

Marie Stopes, Service Statistics http://eng.mariestopes.org.bo/index.php?q=servicios/estadisticas/cyp

[13] Repeated in Access section ACC/OC/03

Indicator reference number: ABT/OC/03

Indicator:

Enhanced knowledge and attitudes of women in reproductive age on preventing unwanted pregnancies and unsafe abortions.

Definition:

At least 80% of women at reproductive age who participate in the survey correctly answer and score more than 80% for the knowledge and attitudes questions regarding preventing unwanted pregnancies and unsafe abortions.

Rationale:

Knowledge and attitude of women regarding unwanted pregnancies and unsafe abortions helps to take right actions and decisions about reproductive health.

Numerator:

Number of women score more than 80% in the survey

Denominator:

A sample of women interviewed who received relevant services from FPA

Data collection methodology:

Knowledge and attitudes survey with women in reproductive age

MoV/ Data source:

Survey report

Strengths/ Weaknesses:

This is useful to measure how much knowledge and positive attitudes women have regarding unwanted pregnancies and unsafe abortions

References:

WHO Unsafe Abortion 2008, http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf

Indicator reference number: ABT/OP/01

Indicator:

Number and percentage of SDPs/ FPA programmes deliver massage on prevention of unwanted pregnancies and unsafe abortion

Definition:

Number and percentage of Programs / events conducted by service delivery points and other programme units which included massage on prevention of unwanted pregnancies and unsafe abortion.

Rationale:

Educating people on prevention of unwanted pregnancies and unsafe abortion helps to prevent them. When conducting programmes, service delivery points include the messages on these areas based on the target group of the programme. This indicator measure the extent to FPA Sri Lanka integrate the abortion related information and communication to its programs.

Numerator:

Number of SDPs/ FPA programmes deliver massage on prevention of unwanted pregnancies and unsafe abortion

Denominator:

Total number of programmes conducted by SDPs/FPA

Data collection methodology:

Data regarding programmes delivered by SDPs and other programme units are fed in to the web based data management system

MoV/ Data source:

Attendance sheets, training curriculum and other project documentation.

Strengths/ Weaknesses:

This helps to measure how FPA addressed the issues of unwanted pregnancies and unsafe abortion. However this does not give any idea whether the message reached the intended targets groups.

References:

WHO Unsafe Abortion 2008, http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf

Indicator reference number: ABT/OP/02

Indicator:

Number and percentage of abortion related counseling services provided by SDPs / FPA based on individual clients needs

Definition:

Number of abortion related counseling services provided by SDPs compared to total number of services

Rationale:

Abortion related counseling helps to understand abortion related complications and to take right decisions on that. As part of the service package, FPA provides abortion related counseling in districts FPA is working on.

Numerator:

Number of abortion related counseling services provided by SDPs / FPA

Denominator:

Total number of services provided by SDPs/FPA

Data collection methodology:

Data regarding services delivered by SDPs are fed in to the web based data management system

MoV/ Data source:

Client history forms

Strengths/ Weaknesses:

This helps to measure provision of abortion related counseling by FPA. However this does not give any idea how effective is the counseling.

References:

WHO Unsafe Abortion 2008,
http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf

Indicator reference number: ABT/OP/03

Indicator:

Number of new users [14] / new acceptors reported disaggregated by family planning method and age

Definition:

Number of users newly started using or accepted to use modern family planning methods. The data will be disaggregated by the method and age of the user.

Rationale:

There should be more people who are sexually active should start using family planning methods so that unwanted pregnancies can be prevented.

Numerator:

Number of new users / new acceptors reported disaggregated by family planning method and age

Denominator:

N/A

Data collection methodology:

Secondary data collected from Ministry of Health reports

MoV/ Data source:

FPA Service Statistics Data

Strengths/ Weaknesses:

Number of new users/ acceptors indicates how successful the promotion of family planning methods among new users is. More importantly disaggregated data will give more clear idea about which method was most accepted by which group.

[14] Definition: Please see Annexure 1-8 for FPA SL Standard Service Definitions

Indicator reference number: ABT/OP/04

Indicator:

Number of media personnel participated in sensitization programmes/ events.

Definition:

Number of media sensitization programmes or events conducted to educate/ sensitize media on issues related to family planning and abortions.

Rationale:

Media can do a better role in educating people and changing negative attitudes/ information about family planning and abortions. Therefore it is important to sensitize media personnel on RH issues.

Numerator:

Number of media personnel participated in sensitization programmes/ events

Denominator:

N/A

Data collection methodology:

Data regarding programmes delivered by SDPs are fed in to the web based data management system

MoV/ Data source:

SDP reports, Attendance sheets and other project documentation

Strengths/ Weaknesses:

This is useful to understand how many programmes were conducted to sensitize media on abortion related issues. However this will not help to understand how effective the programmes are.

Indicator reference number: ABT/OP/05

Indicator:

Number of policy makers reached for sensitization programs on unsafe abortion.

Definition:

Number of parliamentarians, provincial council members, and influential policy makers reached out by FPA programmes regarding abortion related policies. Reached is define as having participated to at least one sensitization progame or campaign conducted by FPA or by its' partners during the time period concern.

Rationale:

Abortion is a sensitive issue in Sri Lanka due to cultural and legal reasons. Policies are needed to strategically manage abortion related issues. Working with policy makers will help to formulate necessary policies.

Numerator:

Number of policy makers reached for sensitization programs on unsafe abortion

Denominator:

N/A

Data collection methodology:

Data regarding programmes delivered by SDPs are fed in to the web based data management system

MoV/ Data source:

Attendance sheets, Meeting minutes, and other project documentation

Strengths/ Weaknesses:

"Policy makers reached" indicates how many policy makers were contacted/ sensitized on abortion related policies. However this doesn't say how effective formulating policies are.

Indicator reference number: ABT/OP/06

Indicator:

Number of positive responses received from policy makers for AERs focusing abortion.

Definition:

Number of responses from policy makers which are positive in terms of advancing policies related to abortions.

Rationale:

Abortion is a sensitive issue in Sri Lanka due to cultural and legal reasons. Policies are needed to strategically manage abortion related issues. Working with policy makers will help to formulate necessary policies.

Numerator:

Number of positive responses received from policy makers

Denominator:

N/A

Data collection methodology:

Data regarding programmes delivered by SDPs are fed in to the web based data management system

MoV/ Data source:

Post test

Strengths/ Weaknesses:

"Number of positive responses" indicates how many policy makers expressed willingness. However this doesn't say how effective formulating policies are.

Indicator reference number: ABT/OP/07

Indicator:

Post Abortion Care (PAC) guidelines and protocols in place.

Definition:

Whether guidelines and protocols related to Post Abortion Care is approved and implemented by relevant authorities.

Rationale:

Post Abortion Care is important in managing abortion related complications. PAC should be handled according to specified guidelines and protocols. FPA is contributing to the work related to guidelines and protocols.

Numerator:

PAC guidelines and protocols in place

Denominator:

N/A

Data collection methodology:

Ministry of Health reports, documents of PAC guidelines and protocols

MoV/ Data source:

Approved PAC guidelines and protocols

Strengths/ Weaknesses:

This indicates whether the guidelines and protocols are approved and included in the system. However it doesn't say whether the guidelines and protocols are implemented as expected.

References:

IPPF Abortion Guidelines and Protocol, www.ippf.org/system/files/abortion_guidelines_and_protocol_english

4

Operational and institutional performance

4.1 Indicator table and description

Description	Indicator	Definition and rationale	Method of calculation
Governance and organizational commitment	OI/01 :- Number and percentage of youth members in the governing body / NC	This is to ensure youth are adequately engaged in decision making and leadership of SRH services. It is FPA policy that youth involvement should be encouraged.	Numerator: Number of youth members represent in the governing body / NC Denominator: Total number in the governing body / NC
	OI/02 :- Number and percentage of young staff	This is to ensure youth are adequately engaged in decision making and planning of SRH services. It is FPA policy that youth participation should be encouraged.	Numerator: Number of young staff Denominator: All staff when calculating percentages
	OI/03 :- Number of FPA staff openly living with HIV during the last year (January-December)	This is to ensure PLHIV are not discriminated and encouraged to be part of service provision. It is FPA policy that PLHIV participation should be encouraged.	Numerator: Number of people openly living with HIV represent in the FPA staff during the last year Denominator: N/A
	OI/04 :- Percentage of FPA annual budget allocated for youth focused projects / interventions	Youth are an important target group of SRH services, therefore adequate financial resources should be available for services targeting youth.	Numerator: FPA annual budget allocated for youth focused projects / interventions Denominator: Total FPA annual budget

Financial performance	OI/05 :- Cost per CYP	This is to calculate the cost effectiveness of provision of CYP.	Numerator: Total cost for CYPs during a specified period Denominator: Total CYPs delivered during a specified period
	OI/06 :- Cost per non-contraceptive SRH service	This is to calculate the cost effectiveness of provision of non-contraceptive SRH service.	Numerator: Total Cost for non-contraceptive SRH services Denominator: Total non-contraceptive SRH services delivered
	OI/07 :- Overhead as a percentage of cost by unit (SDPs and SMP)	This is to calculate the cost effectiveness of each unit and perhaps helps to minimize costs.	Numerator: Total overhead cost Denominator: Number of units
	OI/08 :- Cost recovery ratio	Cost recovery helps for sustainability of FPA programmes.	Numerator: Total income Denominator: Total expenditure
	OI/09 :- Total income and income over expenses recorded by the social marketing programme	The social marketing programme is the main income source of FPA and income generated by SMP over expenditure contributes to the sustainability of FPA programmes.	Numerator: Total income of SMP Denominator: Total expenditure of SMP
	OI/10 :- Percentage of SMP outlet owners satisfied with the SMP	Success of the SMP depends on SMP outlets so that SMP outlet owners should be satisfied with the programme.	Numerator: Number of SMP outlet owners satisfied with the SMP Denominator: Number of SMP outlet owners interviewed
	OI/11 :- Quantity sales reported of SMP brands disaggregated by the brand	It is important to analyze which SMP brands have better sales compared to other brands so that marketing strategy can be designed/ revised accordingly.	Numerator: Quantity sales reported of SMP brands Denominator: N/A

Branch performance	OI/12 :- Number of clients served per staff per day	This will indicate staff efficiency and how to maximum use of staff time.	Numerator: Number of total clients served by all staff in a specified period Denominator: Number of staff and number of days
	OI/13 :- Overall performance rating of the entity unit	Performance of FPA SDPs is important so that effective services can be provided to clients.	Please refer the annexure 04.

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Annex 1: FPA Sri Lanka Standard Service Statistics Definitions

FPA Sri Lanka will adhere to the service statistics definitions of International Planned Parenthood Federation (IPPF) with slight modifications align with the specific conditions and needs of the country. Following key definitions will be used in FPA Sri Lanka for monitoring and Evaluation of service delivery.

01) A Client

A client is defined as, any person who receive any kind of service from any kind of service delivery point (SDP) of the organization.

Clarifications:

a) A client may receive one or more services during one or more times from any kind of SDP of the member association.

b) Client level data shall record by the service provider using a unique identifier.

c) Client level data may record only for Static Clinics, mobile clinics, associated clinics and community based services.

02) Client Reference Number / Client ID

Client reference number / client ID is a unique identifier which shall be used to record and identify a client by a manual / computerized recording system.

Clarifications:

a) The Client Reference Number should be unique (exclusive) for a particular client during his/her life time and Should not be repeated

b) The Client Reference Number may use by MEIMS to identify and recognize a client, and re-visits of the same client and etc.

c) A Client Reference Number should be issued at the first time of registration / solicitation / Pick-up and should not issue duplicates at any circumstances.

03) A Client Visit

A client visit is defined as an event where a client enters a clinic (or a provider goes to meet a client) and the client receive at least one service or and one item or one referral.

a) A client must receive at least one service or at least one item or at least one referral during a client visit.

04) Age of clients

Age of clients is defined as the age at the time of service provision.

Clarifications:

a) Data on age of clients is only required for reporting services provided and new users in

clinic-based SDPs (static, mobile, outreach or associated) and community based services.

b) Data on age of clients are optional for items provided by the social marketing program.

c) If a client comes to a Member Association SDP for a service before and then after his/her 25th birthday, the first will be recorded as a service provided to a young person, the second will not.

05) District of clients

District of clients is defined as the district of the clients' permanent residence at the time of service provision.

Clarifications:

a) Data on district of clients is only required for reporting services provided and new users in clinic-based SDPs (static, mobile, outreach or associated) and community based services.

b) If a client changes his/her residence, the new district must be recorded during next subsequent visit.

06) Services provided

Services provided are defined as the number of services provided to a client by a Member Association SDP.

Clarifications:

a) If a client is provided with two or more services during one visit, the number of services should be recorded as two or more.

b) Sometimes the terms 'visits' and 'services' are confused. A client can receive more than one service per visit, and the total number of services provided should be recorded.

07) Items provided

Items provided are defined as the total number of contraceptives given to a client directly or indirectly from a Member Association's SDP.

Clarifications:

a) This includes contraceptives provided to other individuals on behalf of the client, and to other agencies that receive contraceptives from the Member Association for distribution to their clients.

b) Data on items provided are collected primarily for CYP calculations; data on non-contraceptive items provided are NOT required.

08) New User

A client who accepts for the first time in their lives any modern contraceptive method:

Clarifications:

a) New user data are collected for contraceptive services only

b) Although emergency contraception is a modern method, only clients accepting short, long-acting or permanent methods for the first time are considered 'new users' to modern contraception

c) New user data is required for all MA clinic clients. Where possible, new user data from other SDPs can also be reported if the data is felt to be of good quality

d) It is only possible to be a new user once, regardless of where the contraceptive items are obtained. Therefore, any client who has previously obtained contraception from an MA or non-MA SDP is no longer a new user (this is a change from the previous definition)

e) If a client switches from an existing method, this should not be recorded as a new user. This is true even if they switch to a permanent method (VSC - voluntary surgical contraception). (This is a change from the previous definition).

f) VSC clients should only be considered new users if they have not previously used any other kind of modern contraception (this is a change from the previous definition)

g) A client who fits the criteria for a new user but who is referred to another organization for contraceptive services should not be recorded as a new user because we cannot be sure they attend for the referral or receive the contraceptive item

h) If two methods are received by a new user at the same time, the more effective method (with the higher CYP conversion factor) is counted as the new user method

i) Clients taking EC (emergency contraceptive) pills are not considered to be new users, because they are only protected retrospectively for one coital act. Clients taking the IUD as an EC method are considered new users (if they have never used a modern method before), because they will continue to 'use', and be protected from unwanted pregnancy, by the IUD for the duration of its use.

09) Referrals (to other organizations)

Referrals are defined as the number of services for which clients are referred by Member Association clinic-based SDPs to an external (non-Member Association) SDP.

Clarifications:

a) Referrals for contraceptive services are not included in the calculation of CYP because no items are provided by the Member Association at the time of referral.

b) If contraceptives were distributed by the Member Association to a particular SDP where the client was referred to, this would already be included in the CYP calculation, as contraceptives provided by the Member Associations to other SDPs and organizations are used to calculate CYP.

c) If a client is referred for to two or more different services to external service delivery points, two or more referrals should be recorded.

d) At the global level, the number of referrals is included in the total number of services provided. However, some regions do not include referrals in their data on the total number of services provided.

e) Only external referrals to non-Member Association SDPs are recorded. We do not record internal referrals (those occurring between Member Association SDPs.)

10) Source of external referral

Source of referral is the mode by which a particular client referred to the SDP. Sources of referral may include, referred by another client, referred by another service provider, referred by a community based volunteer, demand generation activity, etc.

a) Source of referral shall record by the receptionist of the SDP at the time of client registration only during the first visit.

b) Data on source of referral may use to calculate indicators to measure the effectiveness of demand generation activities and client satisfaction.

c) If there are more than one sources of referral (Ex:- Web site and referred by another client), most effective source must be recorded considering the relative effectiveness of the channel of communication.

11) User Charges/ User Fee

Some SDPs may charge a user fee as a cost recovery strategy for sustainability. Status of service provision in terms of user charges/ user fee shall be recorded at the time of service provision. Ex: - Free, Subsidized, Paid

Clarifications:

a) Amount of money received from the client shall be recorded in LKR for paid and subsidized clients.

12) Service delivery points (channels of distribution/outlets)

12.1. Clinic-based SDPs

A clinic-based SDP is defined as a Member Association SDP providing clinic based SRH services.

Clarification:

a) A clinic-based SDP can also provide non-clinical services – but it must provide clinical services

12.2. Non-clinic based SDPs

A non-clinic based SDP is defined as a channel of distribution or programme that does NOT provide clinic based SRH services.

Clarification:

a) Non-clinic based SDPs distribute contraceptives provided by the Member Association. Some also provide IEC services and/or counselling.

12.3. Static clinic

A static clinic is defined as a clinic-based SDP operating from fixed premises, managed by the Member Association and run by full and/or part-time Member Association staff.

Clarifications:

a) Contraceptive and/or other sexual and reproductive health services are provided in static clinics by Member Association staff.

b) A static clinic may also provide non-SRH services.

12.4. Mobile clinic and clinical outreach team

Mobile clinics and clinical outreach teams are defined as offsite clinic based SDPs managed by the Member Association and run by full and/or part-time Member Association staff. Services are provided through health posts, equipped vehicles, and other premises.

Clarifications:

a) Contraceptive and/or other sexual and reproductive health services are provided by Member Association staff through mobile clinics and clinical outreach teams.

b) A mobile clinic or clinical outreach team may also provide non-SRH services.

c) Each mobile clinic or clinical outreach team is counted as one SDP. Do not count individuals in the team or the numbers of communities reached.

12.5. Associated clinic

An associated clinic is defined as a clinic-based SDP belonging to private individuals, organizations or the public sector. An associated clinic is NOT managed by the Member Association.

Clarifications:

a) Services are provided by the associated clinic staff, NOT by Member Association staff.

b) Member Associations have an agreement to provide significant technical support, monitoring, quality of care and oversight.

c) Member Associations provide contraceptives and other SRH commodities to the associated clinic for their clients.

12.6. Community based distribution and services (CBD/CBS)

CBD/CBS is defined as a Member Association-managed, non-clinic based SDP distributing contraceptives and other SRH commodities, directly or indirectly, to the client by community based workers/volunteers.

Clarifications:

a) Community based workers/volunteers include SRH promoters, educators and health workers.

b) They may or may not have a physical space.

c) No clinical services are provided.

d) Trained community based workers/volunteers may provide counseling services.

12.7. Social marketing SDP

A social marketing SDP is defined as a non-clinic based outlet selling contraceptives and other SRH commodities provided by a Member Association social marketing programme at prices that permit cost recovery.

Clarifications:

a) Social marketing is regarded as a sustainability model for contraceptive distribution. Contraceptives are sold at a reduced price compared to commercial outlets but the pricing permits recovery of procurement costs and distribution expenses.

b) Social marketing SDPs do not provide counselling.

c) Social marketing CANNOT occur in commercial pharmaceutical facilities.

12.8. Government channels of distribution

Government channels of distribution are defined as government agencies (e.g. ministries – health, youth, women; social services, army, social security) that procure contraceptives and other SRH commodities from the Member Association. The Member Association is not involved in provision of services to the clients.

12.9. Private physicians

Private physicians are defined as private physicians/clinicians who are supplied with contraceptives and other SRH commodities by the Member Association. The Member Association is not involved in provision of services to the clients.

12.10. Commercial marketing

Commercial marketing channels are defined as channels of distribution that sell contraceptives and other SRH commodities at retail prices. These contraceptives and other SRH commodities are provided by the Member Association.

Clarifications:

a) Other than contraceptives, no other SRH services are provided through commercial marketing.

b) The purpose of commercial marketing is to recover cost and generate profit to subsidize other programmes of the Member Association.

c) These channels include pharmacies, retail establishments, drug stores and wholesalers, which may or may not be owned by the Member Association.

d) A drug store or a pharmacy that is part of a Member Association static clinic is a commercial marketing SDP.

12.11. Other agencies

Other agencies include other types of agencies not mentioned above that are supplied with contraceptives and other SRH commodities by the Member Association (for example, NGOs). The Member Association is not involved in the provision of services to the clients.

13) Location of the SDP

13.1. Urban SDP

An urban SDP refers to a clinic-based or non-clinic based SDP in an area with an increased density of population in comparison to the areas surrounding it. It varies from country to country, but generally the

Minimum density requirement is 400 persons per square kilometer. An urban area is more frequently called a city or a town.

13.2. Peri-urban SDP

A peri-urban SDP refers to a clinic-based or non-clinic based SDP located at a peripheral area of a city or a town, either inside a city or town's outer rim, or just outside its official boundaries.

13.3. Rural SDP

A rural SDP refers to a clinic-based or non-clinic based SDP located in an area away from the influence of large cities. These are villages, farms or other isolated houses with a much lower population density than that of urban and peri-urban areas.

14) Entity Unit

Entity unit is an independent management unit which may consist of one or more different types of SDPs. Performance of an entity unit shall be compared with another entity unit with similar conditions.

15) Couple Years of Projection (CYP)

Couple years of protection (CYP) refer to the total number of years of contraceptive protection provided to a couple. For example, if your organization has provided 120,000 condoms in one year, your CYP figure for condoms is 1,000. By providing 120,000 condoms in one year, your organization has provided contraceptive protection to 1,000 couples.

16) Clinical Services

The term clinical services refers to counselling and other sexual and reproductive health services provided by the Member Associations through clinic-based or non-clinic based service delivery points.

17) PMSEUS Clients

17.1. Poor: People living on or below the poverty line of Sri Lanka. Poverty line is defined as real total food and non food consumption expenditure per person per month (Department of census and statistics, 2004).

17.2. Marginalized: People, who for reasons of poverty, geographical inaccessibility, culture, language, religion gender, migrant status or other disadvantage, have not benefited from health, education and employment opportunities, and whose sexual and reproductive health needs remain largely unsatisfied. Examples include drug users, young people with special needs, street children and sex workers.

17.3. Socially-excluded: people who are wholly or partially excluded from full participation in the society in which they live.

17.4. Under-served : people who are not normally or well-served by established sexual and reproductive health service delivery programmes due to a lack of capacity and/ or political will; for example, people living in rural/remote areas, young people, people with a low socioeconomic status, unmarried people, etc.

Annex 2: List of Integrated Package of Essential Services (IPES)

Components of IPES		**Categories from service stat module**
Types of SRH services	**Essential components**	**Category label**
1.Counselling	a. Sex and sexuality ***OR*** b. Relationship	Specialised - counseling - relationship Specialised - counseling - sexuality EC - counseling FVSC - counseling MVSC - counseling Contraceptives - counseling - general
2. Contraceptives	a. Counselling, ***AND***	
	b. Oral contraceptive pills, ***AND***	Oral contraceptives - consultation
	c. Condoms, ***AND***	Male condom - consultation Female condom - consultation Male / Female condom - unable to categorise Injectable - consultation Implant - consultation IUD – consultation
	d. Injectables, ***AND***	
	e. At least one long-acting and reversible contraceptive (LARC): intra-uterine device/ system (IUD/IUS) ***OR*** implants, ***AND***	
	f. At least one emergency contraceptive (EC) method: tablet-based ***OR*** IUD	EC - consultation

3. Safe abortion care	At least one of: a. induced surgical, ***OR***	Abortion - management - surgical - D&C Abortion - management - surgical - D&E Abortion - management - surgical - vacuum aspiration
	b. induced medical, ***OR***	Abortion - management - medical - mifepristone and misoprostol Abortion - management - medical - misoprostol Abortion - consultation - follow up consultation - Harm reduction model
	c. incomplete abortion treatment ***AND***	Incomplete abortion - management - surgical - D&C or D&E Incomplete abortion - management - surgical - vacuum aspiration Incomplete abortion - management - medical - misoprostol Incomplete abortion - Management - unable to categorise
	d. Pre- and post-abortion counselling	Abortion - counseling - pre-abortion / options counselling Abortion - counselling - post-abortion Abortion - Counselling - unable to categorise
4. RTIs/STIs	a. At least one RTI/STI treatment method, ***OR***	STI/RTI - Management - Syndromic STI/RTI - Management - etiological - HPV STI/RTI - Management - etiological - syphilis STI/RTI - Management - etiological - chancroid STI/RTI - Management - etiological - Gonorrhoea STI/RTI - Management - etiological - chlamydia STI/RTI - Management - etiological - other STI/RTI - Management - etiological - unable to categorise STI/RTI - Counselling – Pre- test STI/RTI - Counselling - Post test
	b. At least one RTI/STI lab test	STI/RTI - Investigation - sampling procedure STI/RTI - Investigation - lab test

5. HIV	a. Pre-/post-test counselling, ***AND***	HIV and AIDS - counseling - pre-test HIV and AIDS - counseling - post-test
	b. HIV Lab tests	HIV and AIDS - investigation - sampling procedure HIV and AIDS - investigation - lab test - diagnostic Ab test HIV and AIDS - investigation - lab test - diagnostic Ag test HIV and AIDS - investigation - lab test - diagnostic rapid test HIV and AIDS - investigation - lab test - diagnostic PCR test HIV and AIDS - investigation - lab test - monitoring CD4 HIV and AIDS - investigation - lab test - monitoring viral load
6. Gynaecology	a. Manual pelvic exam (auto-qualify if provides pap smear) ***AND***	Gynaecology - investigation - examination - manual breast exam
	b. Manual breast exam, ***AND***	Gynaecology - investigation - examination - manual breast exam
	c. Pap smear OR other cervical cancer screening method	Gynaecology - counselling – pre- test Gynaecology - counselling – post- test Gynaecology - prevention - screening - Pap (sampling procedure) Gynaecology - prevention - screening - Pap (lab test) Gynaecology - prevention - screening - Visual inspection (VIA or VILI) Gynaecology - prevention - screening - HPV DNA test

7. Prenatal and postnatal care	a. Confirmation of pregnancy, ***AND***	Obstetrics - investigation - lab tests - pregnancy test
	b. Essential pre-natal care	Obstetrics - consultation - ANC Obstetrics - investigation - lab test - ANC Obstetrics - investigation - diagnostic imaging - ANC Obstetrics - investigation - examination - ANC Obstetrics - prevention - prophylaxis - antenatal vaccinations Obstetrics - counselling - antenatal
8. Gender-based violence (SGBV)	a. Screening for GBV ***AND***	Specialised - prevention - screening – GBV
	b. Referral mechanisms for clinical*, psycho-social, and protection services ***(Services OR Referrals)***	Specialised - counseling - GBV

Annex 3: PMSEU Estimation Tool

PMSEU Estimation Tool – FPASL		
ID (Code of the Clinic and interviewer Date of interview)	Clinic Code	Interviewer code / Day / Month / Year
INFORMED CONSENT FPA, Srilanka always looks for ways to improve its services. For us, it is valuable to know the situation of the clients that come here. Can I ask you a few questions? It will not delay your appointment. You do not need to tell us your name. Your responses will be confidential and will only be used for research purposes. You can decide not to answer any question or terminate the interview if you so desire. At this time, do you want to ask me anything else about the survey? Signature of interviewer		
Status for interview	Client agreed for interview ……..1 (Continue) Client did not agree for interview……..2 (End interview)	
Start time of the interview	Time Hours Minutes	
Is the appointment today for you or for another person?	Self ……..……..1 (Continue) Other person……..2 (End interview)	
What service do you have come for? ***[Do not Read the options]***	Family Planning/Contraception…….…….....1 Pregnancy, birth or post-partum…….....……..2 RTI/STI and/or HIV and AIDS……..…….....…..3 Gynecology……..…….....……..4 Abortion-related services…….....…....5 Gender based violence …….…….....…6 Infertility services …….....……...7 SRH counseling……..…….....…..... 8 Other Non SRH (Specify_____) 9 (End Interview)	
1 How much time it take to reach a health centre from your home where a woman can deliver her child?	A. Can reach within 30 minutes……..A B. Can reach in more than 30 minutes …… .....B	

2	Where you/your household do went to get help for financial needs during last one year?	A. Relative/neighbor/friend/ Local representative /opinion leader / Not required in last one year..…….....…… A B. Private Money Lender/required but not received from any sources……..…… ..... B
3	1. How many members does your household have?	A. Six or more…….....…….0 B. Five…….....……..6 C. Four …….....10 D. Three…….....….17 E. One or two…….....…….21
4	How many household members are employees of government or semi-governmemnt entities?	A. None…….....……..0 B. One or more…….....…….8.
5	What is the highest educational level that the female head/spouse has passed?	A. Grade 1 or less…….....……0 B. Grades 2 to 7…….....……..1 C. Grades 8 or 9…….....…..4 D. Grade 10…….....……..5 E. No female head/spouse…….....…….5 F. G.C.E. (O/L) or equivalent, Grade 12, or higher…….....…….13
6	4. What is the principal construction material of the floors?	A. Mud, or other…….....…….0 B. Cement…….....……3 C. Terrazzo/tile…….....…...9
7	5. How many bedrooms does the household use?	A. None …….....…….0 B. One …….....……..1 C. Two…….....……5 D. Three or more…….....……..7
8	Does the household possess an electric fan?	A. No…….....……..0 B. Yes…….....……9

9	Does the household possess a television and a VCD/DVD?	A. No television…….....……..0 B. Television, but no VCD/DVD…….....…3 C. Television and VCD/DVD…….....…….7
10	Does the household possess a cooker (gas, kerosene, or electric)?	A. No…….....…0 B. Yes…….....…..7
11	Does the household possess a refrigerator?	A. No…….....……0 B. Yes…….....……..6
12	Does the household possess a bicycle; motorcycle, scooter, or three-wheeler; or motor car, van, bus, lorry, 2- or 4-wheel tractor?	A. None…….....…….0 B. Bicycle only…….....2 C. Motorcycle etc., but no motor car etc. (regardless of bicycle)…….....……....9 D. Motor car etc. (regardless of bicycle or motorcycle etc.)…… ……..…….....……13

Note: ***If answer of QN 1 is B then count the client as underserved.***

If answer of QN 2 is B then count the client as marginalized.

If total score of QN 3 to 12 is below 30 then count client as Poor.

Annex 4: Service Statistic Dashboard

Introduction and Background

As a SRH service provider, FPA Sri Lanka will give its' priority to measure and closely monitor the achievements of service delivery teams. However, It is really difficult to compare the achievements of service delivery teams especially when it comes to an integrated service delivery model with different service delivery approaches. Ex: - Integrated models with static clinics, mobile clinics and community based services. Use of one indicator alone to compare the achievements of service delivery teams in such an integrated model is misleading and may not fair for results based management. So, FPA Sri Lanka management rely on a comprehensive set of dash board indicators to measure the achievements of service delivery points against panned targets in terms of delivering SRH services. The service statistic dash board reflects the achievements of key performance indicators (KPIs) against the targets as well as overall rating / score for the service delivery teams / Service delivery points which is calculated based on weighted average of achievements of key performance indicators of different service delivery approaches/channels. However, since there are some limitations in the service statistic dashboard itself, the decision maker must pay special attentions to following points when making decisions (especially comparisons) based on service statistic dashboard.

01) All calculations and results of the service statistic dashboard are based on the initial projections / targets. So, targets / projections must be realistic in-order to make fair comparisons.

02) Service Statistic dashboard do not consider the situational factors such as location, available resources, social resistance, staff capacities, etc. So, these situational factors must be considered at the time of setting targets.

03) Comparisons should be made between service delivery points/ teams which have similar service delivery models. So, the decision maker should not rely on the indicator "overall rating for the entity unit" when making comparisons between service delivery points/ teams with different service delivery models. However, the indicator "overall rating for service delivery method/channel" can be of useful when making comparisons among service delivery points/ teams which have different service delivery models.

04) The service statistic dashboard does not consider the technical concerns such as quality of care (QoC), client rights, etc. Above technical aspects must be considered before making judgments using service statistic dashboard.

Bellow tables explain the Key Performance Indicator, indicator definitions, relative weights and criteria for calculation of overall rating.

Key Performance Indicators weights for calculation of weighted average

	Key Performance Indicator	Indicator definition	Weight
01	Number of People / clients	Please refer annexure 01 – 01 and 02	17.5%
02	Number of Client Visits	Please refer annexure 01 – 03	17.5%
03	Number of services	Please refer annexure 01 – 06	15%
04	Number of Referrals	Please refer annexure 01 – 07	10%
05	Number of Items	Please refer annexure 01 – 08	10%
06	Total CYP	Please refer annexure 01 – 11	15%
07	Income (Rs)	Please refer annexure 01 – 15	15%

Indicator ratings and interpretations

Pro-rata achievement of the Indicator	Label	Status	Remedial Actions	Number of points for calculation of "overall rating"
Above 125%	++	Over achievement	Do not need to take remedial actions. Need to identify the reason for over achievements	120
100% - 125%	+	Achievement as projected OR zero projection	Do not need to take remedial actions.	100
90%-100%	-	Achievement Behind the projection	Need to take remedial actions	90
Bellow 90%	- -	Achievement Far Behind the projection	Need to take remedial actions immediately	80

Service delivery channels and weights for calculation of weighted average

	Key Performance Indicator	Indicator definition	Weight
01	Associated Clinic	Please refer annexure 01 – 12.5	20%
02	Mobile Clinic	Please refer annexure 01 – 12.4	25%
03	Static Clinic	Please refer annexure 01 – 12.3	30%
04	Telephone Hotline	N/A	10%
05	Community Based Distributions	Please refer annexure 01- 12.6	15%

Bellow table shows the format and sample output of the service statistic dashboard.

Service statistic dash board of Centre for Family Health (From 1st of January 2014 to 30th of June 2014)						
Indicator	**Target for the period**	**Pro-rata target up to now**	**Actual Achievement**	**% of achievement (Actual vs Pro rata)**	**Status****	**Overall Rating for delivery m**
Associated Clinics						***93.0***
No of People	400	197.8	104	52.58	- -	
No of Client Visits	520	257.14	128	49.78	- -	
No of services	2,080	1,028.57	388	37.72	- -	
No of Referrals	50	24.73	1	4.04	- -	
No of Items	25	12.36	62	501.51	+ +	
Total CYP	50	24.73	235.6	952.87	+ +	
Mobile Clinics						***90.5***
No of People	1,500	741.76	738	99.49	-	
No of Client Visits	1,530	756.59	738	97.54	-	
No of services	8,300	4,104.4	3,661	89.2	- -	
No of Referrals	30	14.84	38	256.15	+ +	
No of Items	125	61.81	0	0	- -	
Total CYP	330	163.19	0	0	- -	
Static Clinic						***87.0***
No of People	6,200	3,065.93	2,203	71.85	- -	
No of Client Visits	7,750	3,832.42	3,012	78.59	- -	
No of services	34,875	17,245.88	14,232	82.52	- -	
No of Referrals	400	197.8	175	88.47	- -	
No of Items	750	370.88	688	185.51	+ +	
Total CYP	2,000	989.01	1,055.08	106.68	+	
Income (Rs)	3,000,000	1,483,516.48	0	0	- -	

Community Based Distributions						***100.0***
No of People	0	0	246		+	
No of Client Visits	0	0	247		+	
No of services	0	0	595		+	
No of Referrals	0	0	247		+	
No of Items	0	0	0		+	
Total CYP	0	0	0		+	
				Overall Rating for the Entity Unit :		***92.325***

Interpretation of Overall Rating

Overall Rating	Status	Remedial Actions
100 – 120	Over achievement	Do not need to take remedial actions. Need to identify the reasons for over achievements
100	Achievement as projected OR zero projection	Do not need to take remedial actions.
90-100	Achievement Behind the projection	Need to take remedial actions
80-90	Achievement Far Behind the projection	Need to take remedial actions immediately

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