Results Framework SRHR -2020 met indicatoren en IATI Codering

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A. # of youth who participate in policy and decisionmaking bodies who perceive their participation as meaningful	B. # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception	C. # of health facilities that adopt and implement youthfriendly SRH and HIV/AIDS services	D. # of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition	E.1.1 # of women and girls using modern contraceptives E.1.2 Couple years protection (CYP) E.1.3. FP Method mix (availability) E.1.4 # of service delivery points with continuous availability of commodities related to safe abortion in the reporting period E.2 % of PLHIV receiving ART	F.1.1 # health workers trained in providing SRH services F.1.2 out of which # including on safe abortion F.2 # of comprehensive (post-) abortion care services provided	G. # of initiatives to promote private sector involvement in SRH and HIV/AIDS services	H. Changes in (inter)national laws, policies, norms and practices leading to decrease of barriers to SRHR and HIV/AIDS services	i. Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people	J. # of communities, CSOs and advocacy networks with increased lobby & advocacy capacities
K. Description of reduced barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings									

Results Framework SRHR -2020

Mission: To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS

MvT / Begrotingsindicatoren

MvT 1	# of additional women and girls using modern contraceptives
MvT 2	# of communities, CSOs and advocacy networks with increased lobby & advocacy capacities

Impact Indicators (moet dit er nog inblijven?)

SDG Goal	Indicator	Relates to Result area…
SDG 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	Maternal mortality ratio Proportion of births attended by skilled health personnel	1, 2, 3, 4
SDG 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Incidence of TB, malaria and Hepatitis B per 1,000 population # of new HIV infections per 1,000 uninfected population, by sex, age and key populations	2, 3
SDG 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group Contraceptive prevalence rate (CPR) age disaggregated (part of 3.7.1)	1, 2, 3
SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	Proportion of the target population covered by all vaccines included in their national programme (3.b.1) Health worker density and distribution (3.c.1)	2,3,4
SDG 5.3 Eliminate all harmful practices, such as child-, early- and forced marriage and female genital mutilation	% of women (20-24yr) who were married or in union before ages 15 and 18	1, 4
SDG 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	1,2,3,4

Result area 1

Outcome: Better information and greater freedom of choice for young people about their sexuality		
Outcome Indicator : # of youth using SRH services		
Objective A Promote active and meaningful involvement of young people in policy- and decision-making	**Objective B** Promote good quality, gendertransformative, comprehensive sexuality education that encourages healthy sexual behavior, that reaches all youth (in and out of school)	**Objective C** Boost access to and use of youth-friendly SRH and HIV/AIDS Services
Indicator A # of youth who participate in policy and decision-making bodies who perceive their participation as meaningful[1]	**Indicator B** # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception	**Indicator C** # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services

[1] Linked to SCS basket indicator 8

1 SRHR Result Framework indicators

Outcome 1 : # of youth using SRH services

Methodological notes
This indicator tracks the number of youth seeking health services as an indication of care-seeking behavior. The use of sexual and reproductive health (SRH) services by youth can be measured through either facility-based records (measuring service utilization only) or population-based methods such as surveys (which can give an estimate of the coverage of health services).
The Guttmacher-Lancet Commission also recommends an essential package of sexual and reproductive health interventions that align with this comprehensive definition of SRHR. The package includes the commonly recognized components of sexual and reproductive health, including contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS. It also includes less commonly provided interventions that are necessary for a holistic approach to addressing SRHR: care for STIs other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection and counseling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counseling and care for sexual health and well-being.
SRH services include alternative strategies (peer educators, outreach, private clinics, pharmacies, telehealth, vouchers, online order/delivery, online help desks, etc.) and services provided whereby youth questions were responded to and/or product was provided.
WHO defines youth as people between the ages of 15 and 24, and young people as people between the ages of 10-24. For this indicator we suggest the use of the age range definition appropriate to your country context. Please add the definition in the comment box.

Indicator codes & disaggregation
This indicator will be disaggregated by gender using four possible options:

- Female
- Male
- Non-binary/other
- Not-specified

SRH001f	# of youth (female) using SRH services
SRH001m	# of youth (male) using SRH services
SRH001x	# of youth (other) using SRH services
SRH001	# of youth (gender not-specified) using SRH services

You are asked to report on the lowest level of detail, i.e. disaggregated by gender. However if this is not possible or too sensitive in a certain context you can use the indicator code SRH001 without a letter to indicate the number of youth using SHR services without disaggregation.

Please note that you do not need to double report. In case you report your data disaggregated by female and male you use the coding SRH001f and SRH001m and will not use SRH001.

Focus of this indicator is on annual **reach.** # of youth counted in year one, can also be included in the actual for the second year. Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Please provide the definition of youth (age) range used in the comment box of the actual value.

If there is other information you want to provide to give context to your reported number please provide this in the comment boxes of baseline, targets and actuals.

SRHR indicator A # of youth who participate in policy and decision-making bodies who perceive their participation as meaningful

Methodological notes
This indicator tracks the number of youth who experience meaningful participation in policy and decision-making bodies. We describe participation as meaningful if the participant is able to influence the process and/or outcome of agenda setting, decision making and attendance.

Policy and decision-making bodies can be local, regional, national or international and include all bodies where decisions about SRH of youth are shaped.

The indicator tracks meaningful participation facilitated or initiated by program activities, meaning they would not have happened without the program.

WHO defines youth as people between the ages of 15 and 24, and young people as people between the ages of 10-24. For this indicator we suggest the use of the age range definition appropriate to your country context.

Indicator codes & disaggregation
This indicator will be disaggregated by gender using four possible options:

- Female
- Male
- Non-binary/other
- Not-specified

SRH002f	# of youth (female) who participate in policy and decision-making bodies who perceive their participation as meaningful
SRH002m	# of youth (male) using SRH services who participate in policy and decision-making bodies who perceive their participation as meaningful
SRH002x	# of youth (other) using SRH services who participate in policy and decision-making bodies who perceive their participation as meaningful
SRH002	# of youth (gender not-specified) who participate in policy and decision-making bodies who perceive their participation as meaningful

Focus of this indicator is on annual **reach.** # of youth counted in year one, can also be included in the actual for the second year. Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *actual & target values*:

- The definition of youth (age) range used in the comment box of the actual value.
- A brief description of the policy and decision-making bodies/processes youth participate in.
- If your program definition of "meaningful" is different then what is described in the methodological notes, please indicate here.

SRHR indicator B # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception

Methodological notes
This indicator tracks the number of youth that are reached by CSE though the activities implemented by the program. Not only in school CSE is measured but also reach of youth out of school or by other innovative solutions.

CSE provided solely through social media is not accounted in this indicator.

MFA follows the definition of youth of the WHO defines young people as people between the ages of 10-24. If the age range of youth differs in the country contest, please give preference to the age range definition of your country context.

Indicator codes & disaggregation
This indicator will be disaggregated by gender using four possible options:

- Female
- Male
- Non-binary/other
- Not-specified

SRH003m	# of young people (female) reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception
SRH003f	# of young people (male) reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception
SRH003x	# of young people (other) reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception
SRH003	# of young people (gender non-specified) reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception

Focus of this indicator is on annual **reach.** # of youth counted in year one, can also be included in the actual for the second year. Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *target & actual values*:

- The kind of CSE:
  - In/out of school
  - Innovative ways
- Age range of your definition of young people.

C # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services

Methodological notes
This indicator is a composite index measuring whether reproductive health services are "youth friendly." Services are "youth friendly" if they "have policies and attributes that attract adolescents to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of adolescents, and are able to retain their adolescents for follow-up and repeat visits" (Senderowitz, 1999)Youth can receive services in a health facility, such as a clinic, health post or hospital, from trained personnel who provide services in a work-place or school setting and/or through community outreach workers. Regardless of the venue, services must have special characteristics that attract, serve, and retain adolescent clients.

We track the number of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services as a result of or initiated by the program. The baseline measurement of the number of youth-friendly facilities in the status quo is important to take into account. After the baseline year we measure the number of additional health facilities that adopt and implement youth friendly services.

The characteristics of a youth-friendly environment are program and country context specific therefore a uniform check list of characteristics is not provided here.

Indicator code
This indicator will be disaggregated by public/private using the following indicator codes:

SRH004	# of public health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services
SRH005	# of private health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services

Focus of this indicator is on **unique** health facilities. If a health facility adopt and implements youth friendly SRH and HIV/AIDS services in year 1 and also in year 2, this health facility will only be included in the quantitative actual of year one. However the health facilities can see considerable improvement in the implementation of youth friendly services. Hence in the qualitative actual, a description of change can be given.

Reporting on unique health facilities gives the ministry the possibility to aggregate data across the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *actual value*:

- The type of youth friendly policies and attributes in place at the health facilities.

Result Area 2

Outcome: Improved access to SRH and HIV/AIDS medicines and commodities	
Outcome indicators: 2.1 Modern Contraceptive prevalence rate 2.2 Unmet Need 2.3 Method mix (use)	
Objective D Support innovation for SRH and HIV/AIDS medicines and commodities	**Objective E** Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS
Indicator D # of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition	**Indicators E** E.1.1 # of women and girls using modern contraceptives E.1.2 Couple years protection (CYP) E.1.3. FP Method mix (availability) E.1.4 # of service delivery points with continuous availability of commodities related to safe abortion in the reporting period E.2 % of PLHIV receiving ART

D # of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition

Methodological notes
Number of initiatives that have reached a proof of concept phase or have been scaled up according to the criteria described in the project proposal.

Please only count initiative that have reached the PoC stage or that have been brought to scale. If you want to report on interim achievement please use the narrative report and/or the comment box.

Indicator code

SRH006	# of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition

No disaggregation is needed for this indicator

Focus of this indicator is on **unique** medicines, commodities and/or production/distribution options. In case a medicine has proof of concept in year 1 and later been brought to scale in year 3, it will only be included in the quantitative actual of year 1. In the comment box of year 3 information can be provided on the scaling.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *baseline*:

- The current status of the innovations
- Which medicines, commodities or production/distribution options

Describe in a few lines the following in the comment box of the *target*:

- The desired changes of the innovations
- Which medicines, commodities or production/distribution options

Describe in a few lines the following in the comment box of the *actual value*:

- Which medicines, commodities or production/distribution options
- Whether they have proof of concept or have successfully been brought to scale
- Potential impact.

E.1.1 # of women and girls using modern contraceptives

Methodological notes
This indicator measures the number of women and girls who are covered by the program and are using modern contraceptives by the end of the reporting period. Contraceptive methods include condoms, sterilization, injectable and oral hormones, intrauterine devices, diaphragms and spermicides.

Calculation is done by counting unique clients in the registers of the organization implementing the program.

Indicator codes & disaggregation
This indicator is disaggregated by age using indicator code SRH007 for girls under 18 and SRH008 for women above 18 years old.

In case age is not specified SRH009 can be used. Please note that there is no need for double reporting. In case information is available on age you only use indicator SHR007 and SRH008, not SRH009.

SRH007	Number of girls (under 18) using modern contraceptives
SRH008	Number of women (above 18) using modern contraceptives
SRH009	Number of women & girls (age not specified) using modern contraceptives

Focus of this indicator is on annual **reach.** # of women and girls counted in year one, can also be included in the actual for the second year. Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Optional to add information about the types of modern contraceptives in the comment box of the actual values.

E.1.4 # of service delivery points with continuous availability of commodities related to safe abortion in the reporting period

Methodological notes
This indicator tracks the number of service delivery points where the partner is implementing activities, that has been able to do vacuum extraction year round, and has not had stock-outs of the registered medical abortion drugs (preferably combi-pack or misoprostol) of more than 2 weeks; including clinics and /or pharmacies.
The calculation is done by counting the unique service delivery points that conform to above criteria within the reporting period.

Indicator code

SRH010	# of service delivery points with continuous availability of commodities related to safe abortion in the reporting period

No disaggregation is needed for this indicator

Focus of this indicator is on **reach.** Number of service delivery points counted in year one, can also be included in the actual for the second year. Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
Optional to provide qualitative information in the comment boxes.

Result area 3

Outcome: Better public and private health care for family planning, pregnancies and childbirth, including safe abortions	
Outcome Indicators 3.1 Quality of health policy dialogue and partners' impact on this 3.2 # unintended pregnancies averted	
Objective F Strengthen health systems to support provision of SRH including HIV/AIDS services and safe abortion care	**Objective G** Increase private sector commitment in embedding SRH and HIV/AIDS services within health systems
Indicator F **F.1.1** # health workers trained in providing SRH services **F.1.2** out of which # including on safe abortion **F.2** # of comprehensive (post-) abortion care services provided	**Indicator G** # of initiatives to promote private sector involvement in SRH and HIV/AIDS services

***SRHR indicator* F.1.1 # health workers trained in providing SRH services**
***SRHR indicator* F.1.2 out of which # including on safe abortion**

Methodological notes
Indicator F1.1 measures the number of health workers that have received training of at least 3 days in providing SRH services using adult learning techniques, including practicals and an evaluation test. We count the number of trained health workers that have received their training in, though or as a result of the program. (additional to the baseline of the status quo).

Indicator F1.2 measures the number of health workers that have received training of at least 3 days in providing SRH services *including training on Safe Abortion*, using adult learning techniques, including practicals and an evaluation test. We count the number of trained health workers that have received their training in, though or as a result of the program. (additional to the baseline of the status quo).

Indicator codes
The following indicator codes are to be used.

SRH011	# health workers trained in providing SRH services
SRH012	# health workers trained in providing safe abortion services

Focus of this indicator is on **unique** health workers trained. This means that if the same health workers are trained in year 1, are trained in subsequent years, these health workers will only be included in the quantitative actual of year one.

Qualitative information in the comment boxes (max. 2.000 characters)
Optional to provide qualitative information in the comment boxes of the *actual & target values* on:

- Type of health workers trained
- Type & topics of training
- Information on re-training on the same health workers.

SRHR indicator F.2 # of comprehensive (post-) abortion care services provided

Methodological notes
This indicator tracks the number of times comprehensive safe (post-) abortion services where provided, either by vacuum extraction or medical abortion, including counselling, and follow-up as needed. In case of medical abortion the counselling can be done at a distance (but not by only counting provision of medical abortion drugs).

Calculation is done by counting unique clients in the registers of the organization implementing the program, that benefited from receiving comprehensive safe (post-) abortion services.

Indicator code

SRH013	# of comprehensive (post-) abortion care services provided

No disaggregation is needed for this indicator

MFA acknowledges the sensitivity of abortion care in certain countries. In case publishing information on this indicator is considered sensitive, please inform your MFA focal point and report on this indicator in the annual narrative reporting.

Focus of this indicator is on annual **reach.** Data will not be aggregated between the years.

Qualitative information in the comment boxes (max. 2.000 characters)
No need for further qualitative information in the comment boxes.

SRHR indicator G # of initiatives to promote private sector involvement in SRH and HIV/AIDS services

Methodological notes
This indicator tracks the number of initiatives that have been established to promote private sector involvement in SRH and HIV/AIDS services.
Here such initiatives are reported that either improve coordination between public and private sector (for-profit and not-for-profit); or promote private sector entities taking a stronger part in the attainment of (national/local level) SRHR and HIV/AIDS service goals.

Indicator codes & disaggregation

SRH014	# of initiatives to promote private sector involvement in SRH and HIV/AIDS services

Focus of this indicator is on **unique.** If an initiative which has been included in year 1, continues in year 2 and further, it will only be included in the quantitative actual of year 1. However initiatives can evolve during the years and therefore qualitative information on all initiatives should be provided in the comment box.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *actual value*::

- A short description of the initiative
- Start date of the initiative
- Its stage
- The results it has achieved.

Result area 4

Outcome: The sexual and reproductive rights of all people, including those belonging to marginalized groups, are institutionally respected & protected		
Outcome Indicator : # of countries actively supporting SRHR for all in joint statements and language in resolutions and agreements[2]		
Objective H Promote the adoption and implementation of and accountability to laws and policies for the sexual and reproductive rights of all people, including those belonging to marginalized groups by governments and (inter-) national institutions	**Objective i** Strengthen accountability mechanisms between citizens/communities and governments, health service providers and other actors to realize SRHR of all people	**Objective J** Strengthen the capacities of communities, civil society organizations and advocacy networks to lobby and advocate for SRHR for all people
Indicator H Changes in (inter)national laws, policies, norms and practices leading to decrease of barriers to SRHR and HIV/AIDS services[3]	**Indicator I** Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people	**Indicator J** # of communities, CSOs and advocacy networks with increased lobby & advocacy capacities[4]

SRHR indicator H Changes in (inter)national laws, policies, norms and practices leading to decrease of barriers to SRHR and HIV/AIDS services

Methodological notes
For this indicator please report on changes in international resolutions such as CPD, CSW, HLPF, 3rd Committee and HRC; that where brought about with contribution of your program. At (sub)national this could entail changes in for instance health laws & policies, SRH policy, a reproductive health bill, the CSE curriculum, HIV/aids policy, termination of pregnancy act/abortion act, relevant local by-laws incl. on CEFM, FGM and others.

Changes in norms and practices are defined at the institutional level, not the individual level

Indicator codes & disaggregation
SRHR partnerships are asked to report on indicator H as follows:

- annually on the qualitative indicator H in their narrative reporting.
- report three times (baseline, midterm, endline) in IATI providing both quantitative information as well as qualitative information in the comment box.

For IATI the following disaggregation is to be used following SCS basket indicator 2:

[2] Linked to SCS basket indicator 1 & 2
[3] Linked to SCS basket indicator 2
[4] Linked to SCS basket indicator 5

- Laws
- Governmental policies
- Private sector company policies
- By-laws
- International agreements

For which the following indicator codes are to be used:

SRH015	# of laws blocked, adopted, improved leading to decrease of barriers to SRHR and HIV/AIDS services
SRH016	# of governmental policies blocked, adopted, improved leading to decrease of barriers to SRHR and HIV/AIDS services
SRH017	# of private sector company policies blocked, adopted, improved leading to decrease of barriers to SRHR and HIV/AIDS services
SRH018	# of by-laws blocked, adopted, improved for leading to decrease of barriers to SRHR and HIV/AIDS services
SRH019	# of international agreements blocked, adopted, improved leading to decrease of barriers to SRHR and HIV/AIDS services

Reporting is only required on the indicator codes relevant for your programme.

Norms and practices will not be reported in IATI, only in the annual narrative reporting.

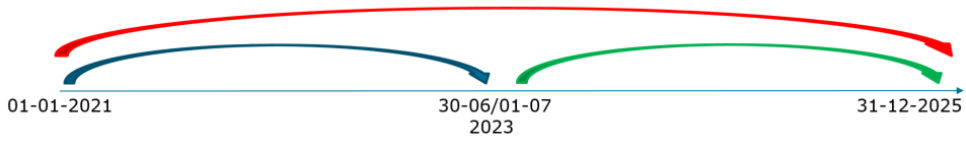
Reporting frequency/indicator periods
SRHR partnerships are asked to report on indicator H as follows:

- annually on the qualitative indicator H in their narrative reporting.
- report three times (baseline, midterm, endline) in IATI providing both quantitative information as well as qualitative information in the comment box.

This means a target will be set for the entire programme and actuals will be collected twice. In IATI these can be shown, using the following indicator periods:

MFA asks to use the following indicator periods for reporting on basket indicator 1-4

- Indicator period running from 01-01-2021 till 31-12-2025 with the target – red
- Indicator period running from 01-01-2021 till 30-06-2023 with the MTR actual – blue
- Indicator period running from 01-07-2023 till 31-12-2025 with the endline actual - green



Target will be published once, actuals will be measured and published twice: the first indicator period only consists of the target for the full programme period. The second indicator period (for the MTR actual) and the third indicator period (for the end evaluation actual) do only contain an actual value and no target.

The IATI dashboard will allow some flexibility in the reporting periods for the MTR actuals, all actuals reported in 2023 will be included in the aggregation of midterm data.

Targets, baselines and actuals will need to include both quantitative as well as qualitative information, not just the number of laws or policies target but also include the kind of changes. The qualitative information can be provided in the comment boxes, there is no need to make separate qualitative indicators.

The measure of this indicator is **unique,** i.e. laws, policies, by-laws and international agreements will be counted just once. If implementation of a specific law counted in the first indicator period, and further improved in the second indicator period it will not be included in the quantitative actual. Information can be provided in the comment box.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the baseline:

- Current status of the laws, by-laws and/or international agreements your programme will strive to change.

Describe in a few lines the following in the comment box of the target:

- Which laws, policies, by-laws and/or international agreements your programme will strive to change
- The desired changes

Describe in a few lines the following in the comment box of the actual value:

- Which laws, policies, by-laws and/or international agreements have been improved
- What has been improved in these laws, policies, by-laws and/or international agreements
- The contribution of your programme towards the change.

SRHR indicator I Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people

Methodological notes
This indicator is to be measured only qualitatively.

Describe in a few lines the accountability mechanisms used, for example UPR and treaty body recommendations on SRHR of all people; parliamentarian questions or amendments in favor of SRHR of all people; social accountability for instance towards local governments or health centers

Describe also who has been able to use these mechanisms and if known also the results of the effective use of the accountability mechanisms.

Indicator codes & disaggregation
This indicator has one indicator code and no disaggregation

SRH020	Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people

The MFA has the ability to show a text with a maximum of 250 characters. Therefore it is recommended to be brief and provide additional information in the comment boxes.

The measure of this indicator is **reach**. Effective use of the same accountability mechanisms can be reported in different indicator periods.

Qualitative information in the comment boxes (max. 2.000 characters)
Optional: describe in a few lines the following in the comment box of the *baseline*:

- Current status of the use of accountability mechanisms

Optional: describe in a few lines the following in the comment box of the *target*:

- The desired outcomes

Describe in a few lines the following in the comment box of the *actual value*:

- The contribution of your programme towards the change
- Optional: more details about the use of the accountability mechanisms
- Desired if available: the outcomes of the use of the accountability mechanisms

SRHR indicator J # of communities, CSOs and advocacy networks with increased lobby & advocacy capacities

Methodological notes
This indicator tracks the number of communities, CSOs and advocacy networks with increased lobby and advocacy networks.

Quantitative measurement:

This indicator includes, communities, advocacy networks and both first and second tier partner CSOs with increased L&A capacities. Strategic partnership members are considered as first tier organisations, their implementing partners as second tier organisations.

Attending a training by one staff member may be a trigger for a change in organizational capacity but in itself cannot be considered the change. There is a whole body of literature on lobby and advocacy capacity development and there are a number of tools that can be used to assess organizational capacity. So this number is not about the number of individuals trained, it is about the number of organizations, communities and advocacy networks with increased capacity to effectively lobby and advocate.

Qualitative measurement: Explain the capacities and expertise developed for performing political roles and implementing advocacy strategies. From a learning perspective, please also consider explaining cases where CSOs were unable to increase their capacity.

In answering this question it helps to consider…

…explaining what different types of capacities different types of CSOs need for performing different political roles and implementing advocacy strategies

…explaining how this is context-specific and tailors to the needs of CSOs and their constituencies

…explaining the process of capacity building, what approach works and what doesn't

Increased L&A capacities is a very subjective statement in terms of both the nature and the magnitude of change. It therefore will require qualification in terms of what L&A capacities this is about. These can be highly context specific. About a decade ago most organizational capacity assessments followed the five core capabilities approach developed by ECPDM, and tailored towards its use in lobby & advocacy. It may still be in use with a number of organisations.

Indicator codes & disaggregation
SRHR indicator J is linked to SCS basket indicator 5 and follows the same disaggregation for CSOs:

- Youth led: a CSO that is predominantly governed and staffed by young people.
- Women led: a CSO that is predominantly governed and staffed by women
- Women & youth led: a CSO that is predominantly governed and staffed by young women
- Other

with two additional sub-indicators for

- communities
- advocacy networks.

SRH021	# of women led CSOs with increased L&A capacities
SRH022	# of youth led CSOs with increased L&A capacities
SRH023	# of CSOs (not youth or women led) with increased L&A capacities
SRH024	# of CSOs which are both women and youth led with increased L&A capacities
SRH025	# of communities with increased L&A capacities
SRH026	# of advocacy networks with increased L&A capacities

MFA acknowledges that the disaggregation proposed is not exclusive, in case your programme is working with other specific types of CSO, please report them under SRH023(other) and provide information in the comment box on the type of CSOs

Reporting is only required on the indicator codes relevant for your programme.

Focus of this indicator is on **unique** communities**,** CSOs and advocacy networks. If a community, CSO or advocacy network has increased L&A capacities in year 1 and also in year 2, this community, CSO or advocacy network will only be included in the quantitative actual of year one. However, the same organization, network or community can see considerable growth in its L&A capacity over the five year time period. Hence in the qualitative actual (asked in the comment box) it will be good to establish the magnitude of change in qualitative terms.

Qualitative information in the comment boxes (max. 2.000 characters)
Describe in a few lines the following in the comment box of the *baseline*:

- What is the current capacity with regard to the L&A of the communities, CSOs and advocacy networks with regard to the specific focus of the programme.

Describe in a few lines the following in the comment box of the *target*:

- What is the desired future capacity to lobby and advocate in this specific field.

Describe in a few lines the following in the comment box of the *actual value*:

- How have the the communities, CSOs and advocacy networks been working on improving their capacity and in what terms has it improved its capacity?
- By what measure do you assess the lobby & advocacy capacity?
- Would you consider having achieved the desired future capacity already?

In case your programme is working with specific types of CSOs other than the given disaggregation options, please provide information on the type of CSOs in the comment box as well.

Overarching/crosscutting indicator

Humanitarian Settings
Indicator K Description of reduced barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings

SRHR indicator K Description of reduced barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings

Methodological notes
This indicator is to be measured only qualitatively.

Description of how the activities in humanitarian settings reduced (a) barrier(s) to accessing SRHR (including HIV/AIDS) information, services and supplies. Please describe Success/case stories and/or community feedback regarding addressing barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings.

Definition of a humanitarian crises/disaster: a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action (national or international). The situation may either be man-made (e.g. armed conflict) or a natural phenomenon (e.g. drought). It can refer to slow- and rapid-onset situations, rural and urban environments and complex political emergencies in all countries (Sign et al, 2018; Sphere, 2019).

Indicator codes & disaggregation
This qualitative indicator has one indicator code and no disaggregation

SRH027	Description of reduced barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings

The MFA has the ability to show a text with a maximum of 250 characters. Therefore it is recommended to be brief and provide additional information in the comment boxes.

Measure of this indicator is **reach**. Continued reduction in the same barriers should be reported in the different indicator periods.

Qualitative information in the comment boxes (max. 2.000 characters)
Optional: describe in a few lines the following in the comment box of the *baseline*:

- Current status of the barriers

Optional: describe in a few lines the following in the comment box of the *target*:

- The desired outcomes

Describe in a few lines the following in the comment box of the *actual value*:

- The contribution of your programme towards the change
- Optional: more details about the changes in the barriers.