**Monitoring Framework**

**SATHI Project on “Improving reproductive health and adhering reproductive rights of youths and their parents in the north of Bangladesh”**

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| **Overall objectives\***  **The project contributes towards achieving the MDGs 3 “Promote gender equality and empower women”, 4 “Reduce child mortality”, 5 “Improve maternal health”, and 6 “Combat HIV/Aids, malaria and other diseases”.** |
| **Specific objective\* The adolescents/youths and adults increasingly claim their right to quality reproductive health services. This will improve maternal and newborn health and lower the rate of early pregnancies.** |
| **Indicator Goal (Main Indicator)** |
| 1. Increased rate of adolescent/ youth have accessed reproductive health services from health facility (counseling on safe and preventive puberty care, medicine, vaccine, STI treatment) maintaining privacy (One to one, female with female health professional and male with male health professional). |
| 2. Increased rate of adults have accessed reproductive health services (ANC/PNC/Delivery/Family Planning/ STI/Counseling) maintaining privacy (One to one, female with female health professional and male with male health professional). |
| 3. % of Health facility (among 27Health Facility) has improved quality reproductive health services (maintaining privacy and safety during counseling for youth and adult. |
| 4. Increase rate of safe delivery by Pregnant Mothers (delivery by trained /skilled health personnel, delivery at health facility, survived mom and neonates). |
| 5. Increased survival rate of neonates.  6. Decreased rate of early pregnancy (before age 20) among youth female. |

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| **The Output Result -1: Adolescents/youths and their parents are aware of their right to reproductive health and have access to quality health services Access, decision making process, (planned number of children).** | | |
| **Indicator Goal (Main Indicator)** | **Indicator Baseline Data** | **EOP Targets** |
| 1.I. % (35% above the baseline) of adolescents and youths have knowledge of reproductive health and STIs and how to protect themselves. This knowledge strengthens their decision-making abilities and contributes to reducing the number of STIs, unwanted and early pregnancies. | a. All ( among 400 adolescent and youth) are unaware on the Reproductive Health and Rights | a. Girls: 35% Boys: 35% |
| b. Girls 2.80%,  Boys 0.50% know how to protect themselves from STI. | b. Girls: 37.8% Boys: 35.5% |
| c. Girls 25.90%,  Boys: 0.50% know about different contraception (at least four) | c. Girls: 60.9% Boys: 35.5% |
| d. 2.16% female adolescents /youths experienced unwanted pregnancies | d. Female Ad/youth (15-24): 2.16% |
| e. 16.50% adolescent girls experienced early pregnancies. (before age of 18) | e. Ad Girls: 16.5%  Married girls: 87% |
| f. 5.9% female ad/youth and  8.3% male ad/youth experienced STI. | f. Female ad/youth: 5.9% Male ad/youth: 8.3% |
| 1.II. % (35% above the baseline) of the community members are aware of existing health care services, in particular those related with family planning, treatment of STIs, maternal and newborn health care and have access to such services. Because of a better accessibility and quality of the medical care provided by government health facilities risks to maternal and newborn health are minimised. Adolescents and youths have been empowered to actively assert their reproductive rights | a. Girls: 8.3%, Boys: 3.1. %,  Women: 5.7%, Men: 6.3%, know four services provided by the government health facilities. | a. Girls: 43.3%,  Boys: 38.1. %,  Women: 40.7%,  Men: 41.3%, |
| b. Girls 14.5%,  Boys: 4.2%,  Women: 20.3%,  Men: 5.7%, accessed any kind of reproductive health care services. | b. Girls 49.5%,  Boys: 39.2%,  Women: 55.3%,  Men: 40.7% |

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| **The Output Result -2: The 154 villages have qualified staff for counseling, education and care from the informal health sector. These people are working in close relationship with personnel from the public health sector.** | | |
| **Indicator Goal (Main Indicator)** | **Indicator Baseline Data** | **EOP Targets** |
| 2.I. 154 CHVs and 154 TBAs (one per village each) support the community members in all matters related with reproductive health and have been adequately trained. Thus the families can rely on services based on academic medical standards. Earlier on, a part of the counselling provided by traditional helpers was harmful or completely useless. | a. According to the baseline survey there are no CHVs in the working area and CHV’s have not yet been trained | 154 CHVs in 154 Villages |
| b. According to the baseline survey there are no TTBAs in the working area that have been trained on Reproductive Health and Rights by the project | 154 TTBAs in 154 Villages |
| 2.II. % of the community members rely on the counselling and support of CHVs and TBAs and put their correct medical recommendations into practice. | a. Girls: 11.4%, Boys: 1%,  Women: 10.6%, Men: 5.1%, were counselled by TTBAs in the last months and acted on that counselling. | a. Girls: 11.4%,  Boys: 1%,  Women: 10.6%,  Men: 5.1%, |
| 2.III. % (30% more than in Baseline) of pregnant women deliver in public health facilities after receiving counseling from traditional birth attendances (referral system). | a. Overall 33.6% of women in the survey had a skilled attendant (doctor; nurse; community skilled birth attendant) at birth. | a. Women: 63.6% |
| b. Overall 29% of women had their last delivery in a facility. | b. Referred: 59% |
| 2.IV. % (20% more than in Baseline) of pregnant women visit public health facilities in case of difficulties associated with the pregnancy on advice given by the traditional birth attendances (referral system) | a. Among 405 mothers, 16.5 % had no ANC visit, 51.4% had 1-3 ANC visits and 32.1% had 4 ANC Visits. | a. 4 ANC Visit: 21% |
| b. Among 405 mothers, 25.9% mothers of postpartum period had at least 4 PNC visit. | b. 4 PNC Visit: 45% |
| c. Among 405, there are 29% of mothers reported being referred by TBAs trained by other organizations for facility care during pregnancy. | c. Pregnant refered by TTBA: 49% |
| d. Among 405, only 7% mothers reported being referred by TBAs trained by other organization to health facilities for post-partum care. | d. Lactating mother refered by TTBA: 49% |

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| **The Output Result -3: The 7 Union Committees have built networks with 20 health facilities and campaign for quality reproductive health services (PPPs)** | | |
| **Indicator Goal (Main Indicator)** | **Indicator Baseline Data** | **EOP Targets** |
| 3.I. % (50% above the baseline) of the Union Committees have good linkage with existing health facilities and lobby successfully for reproductive health issues and quality services; as a result health care in the region is improved. The 7 Union Committees have concluded MoUs with the 20 health facilities and agreed on joint efforts to improve health care. Thus the Union Committees are able to defend the right to quality health services and exert pressure on the management of health facilities and political stakeholders. | a. Project has not formed groups yet, nor PPP | a. UC&PI will 50% |
| b. Project has not formed groups yet, nor PPP | b. 50% |

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| **The Output Result -4: The existing 27 government health facilities are able to provide quality services to the population in accordance with academic medical standards.** | | |
| **Indicator Goal (Main Indicator)** | **Indicator Baseline Data** | **EOP Targets** |
| 4.I. % (40% above the baseline) of the 27 government clinics provide services to the population in the field of reproductive health. The community develop trust in the public health sector. | a. Project has not started intervention yet. | a. Govt. Health. Personnel: 40 |
| b. Currently only 33% of the community clinics are operating. | b. 20 clinics: 73% |
| c. Girls: 5.6% (18 out of 324),  Boys: 2.6% (5 out of 192), received service from the government health center, Women: 13.1% (46 out of 350),  Men: 2.3% (4 out of 176), received service from health care facility regarding reproductive health care in last six months. All were satisfied with the service. | c. Girls: 45.6%  Boys: 42.6% Women: 53.1%  Men: 42.3% |