Annex- Indicators Analysis Plan

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| **Ind#** | **Indicator** | **Data Collection Method and Tool** | **Indicator Definition and Calculation Logic** | **Numerator** | **Denominator** |
| 1 | % of live births attended by skilled health personnel (by age, geography) | Household Survey using Household Survey Tool, Module-B | This indicator assesses percentage of live births attended by skilled health personnel in 5 years preceding the survey. The data will be collected using **Module B – Section 1 of Household Survey** form covering following questions:  Q7: Please provide the following information for each pregnancy in last 5 years:  Pregnancy#  Multiple gestation: (yes/no)  Delivered by: (Dr. Midwife, Nurse, Obt. Other)  Number of live babies delivered:  For each live birth in last 5 years  Attended by skilled health personnel: Yes or No | Number of live births among WRA in 5 years preceding the survey, which were attended by a doctor, nurse, or midwife | Total number of live births among WRA reported in 5 years preceding the survey |
| 2 | % of WRA who are using modern methods of family planning (by age, geography) | Household Survey using Household Survey Tool, Module-B, Section 2 | Modern methods of contraception include oral contraceptive pills, implants, injectables, contraceptive patch and vaginal ring, intrauterine device (IUD), female and male condoms, female and male sterilization, vaginal barrier methods (including the diaphragm, cervical cap, and spermicidal agents), and emergency contraception pills. This indicator assesses currently married women of reproductive age who are using (or whose husband is using) at least one modern contraceptive method. The assessment will be done by asking following questions:  **Module B - Section 2 – Family Planning**  Q3: Are you or your husband currently using any family planning method? (yes/no)  Q4: If yes, which ones are you using?  WRA and/or husband using at least one modern family planning method: Yes, No | Number of currently married WRA who are using (or whose husband is using) at least one modern contraceptive method | All currently married women of reproductive age sampled |
| 3 | % of adolescents demonstrating signs of healthy adolescence (by gender, geography) | Household Survey, using Household survey tool Module-E section 1-4. | This indicator evaluates the signs of healthy adolescence through a range of parameters. These include levels of physical activity, current tobacco use, and emotional well-being, such as feelings of sadness or anxiety over the past six months. It also examines the adolescent's ability to comfortably share opinions with parents, parental involvement in daily life decisions, and knowledge, attitudes, and practices (KAP) related to gender equality and sexual and reproductive health (SRH). Following questions will be as used to analyse the results:  **Module E – Section 1 - Knowledge, Attitude, and Practices**  Q9: In your opinion: Should men and women have equal right to decide and go out for seeking education? [Yes=1, No=0]  Q10: In your opinion: Should men and women have equal right to decide and go out for earning/job? [Yes=1, No=0]  Q11: In your opinion: Should men and women have equal right to decide and go out for accessing health services? [Yes=1, No=0]  **Module E – Section 2 - Information on Personal Rights**  Q7: Can you comfortably propose or share your opinion/ point of view with your parents? [Yes=1, No=0]  Q9: How often your parents involve you in decisions related to your daily routine/ life? [‘Often’ or ‘Always’ = 1, Other responses = 0]  **Module E – Section 3 - Information on Mental Health and Physical Activity**  Q6: On an average, what amount of time per day do you spend on these activities i.e., Sports, exercise and other physical activities? [At least 60 minutes = 1, Less than 60 minutes = 0]  Q7: Do you consume tobacco? Such as smoking cigarettes, chewing tobacco or in any other form?  Q8: If yes, then how often?  [If response to Q7 is ‘No’ OR response to Q8 is ‘Rarely’ = 1,  If response to Q7 is ‘Yes’ AND response to Q8 is ‘Daily’ or ‘Regularly but less than daily’ or ‘Occasionally’ = 0]  Q12: Did you mostly feel sad and/or anxious during past 6 months? [Yes=0, No=1]  **Module E – Section 4 - Information on Sexual Reproductive Health**  Q1: In your opinion, what can be the consequences of early marriage?  Q4: Please name HIV/AIDS prevention methods that you know.  Q5: Please help in identifying any issues related to sexual and reproductive health prevalent in your community that leads to girls and women facing stigma and discrimination.  Q6: Please help in identifying commonly prevalent forms of sexual and gender-based violence in your community.  Q8: Please name the family planning methods you know  [For each item, if the respondent provides at least 2 correct responses for an item, then give 1 point, otherwise 0. For ‘Module E – Section 4 – Q8’, only modern family planning methods will be considered correct responses]  **Total score:** It will be calculated by adding all scores (Range: 0-13). Adolescent will be considered to experience healthy adolescence if the total score is at least 75% of maximum score, i.e., at least 9.75.  Experiencing healthy adolescence: Yes, No | Number of adolescents who scored at least 75% on signs of healthy adolescence | All adolescents assessed on this module |
| 4 | % of children reached by ECD interventions who meet age-appropriate developmental standards (cognitive, language, social, emotional, and physical) (by gender, age, geography) | Household Survey using Household Survey Tool, Module C – Section 3(b) – MICS-6 | This indicator measures the developmental progress of children aged 36-59 months based on their mothers' reports. Using 10 items from MICS-6 as a benchmark, the assessment evaluates literacy and numeracy, physical development, learning, and social-emotional skills. The Early Childhood Development Index (ECDI) determines the proportion of children on track in at least three of these four domains. This assessment is conducted exclusively through interviews with mothers, ensuring continuity with the baseline methodology. Following are the questions and approach of analysis:  **Module C – Section 3b - MICS-6**  **Literacy-Numeracy domain**  Q7: Can (name) identify or name at least ten letters of the alphabet?  Q8: Can (name) read at least four simple, popular words?  Q9: Does (name) know the name and recognize the symbol of all numbers from 1 to 10?  Response to at least 2 should be ‘Yes’ to be considered on track  **Physical domain**  Q10: Can (name) pick up a small object with two fingers, like a stick or a rock from the ground?  Q11: Is (name) sometimes too sick to play?  At least one should be true to be considered on track: Response to Q10 = ‘Yes’, Response to Q11 = ‘No’  **Learning domain**  Q12: Does (name) follow simple directions on how to do something correctly?  Q13: When given something to do, is (name) able to do it independently?  Response to at least one question should be ‘Yes’ to be considered on track  **Social emotional domain**  Q14: Does (name) get along well with other children?  Q15: Does (name) kick, bite, or hit other children or adults?  Q16: Does (name) get distracted easily?  At least 2 out of 3 should be correct to be considered on track.  Correct Response: Q14 = ‘Yes’, Q15 = ‘No’, Response to Q16 = ‘No’.  **Early Childhood Development Index (ECDI)**  Child on track in at least 3 out of 4 domains  Child meets age-appropriate developmental standards: Yes, No | Number of children aged 36-59 months who meet age-appropriate developmental standards, according to their mother’s report | All children aged 36-59 months |
| 5 | Prevalence of insufficiently physically active ever-married women of reproductive age and adolescents (defined as less than 60 minutes of moderate to vigorous intensity activity daily) (by gender, age group, geography | Household Survey Tool  For WRAs:  **Module B – Section 5 - Information on Mental Health and Physical Activity**  For Adolescents:  **Module E – Section 3 - Information on Mental Health and Physical Activity** | This indicator evaluates the prevalence of insufficient physical activity among ever-married women of reproductive age (WRAs) and adolescents, defined as engaging in less than 60 minutes of moderate to vigorous intensity activity daily. Responses from Module B, Section 5, and Module E will be analyzed to assess physical activity levels for WRAs and adolescents, respectively. The analysis for this indicator will be done separately for WRAs and adolescents. The approach and method of analysis will be as followed:  **For WRAs:**  **Module B – Section 5 - Information on Mental Health and Physical Activity**  Q5: On an average, what amount of time per day do you spend on exercise, sports and other physical activities?  WRA will be considered insufficiently physically active if her total daily time spent in moderate or vigorous intensity activity is less than 60 minutes per day  Insufficient physical activity: Yes, No  **For Adolescents:**  **Module E – Section 3 - Information on Mental Health and Physical Activity**  Q6: On an average, what amount of time per day do you spend on these activities i.e., Sports, exercise and other physical activities?  Adolescent will be considered insufficiently physically active if the total daily time spent in moderate or vigorous intensity activity is less than 60 minutes per day  Insufficient physical activity: Yes, No | Number of WRAs/adolescents who report less than 60 minutes of moderate or vigorous physical activity per day | Total number of WRAs/adolescents assessed on this module |
| 6 | Prevalence of current tobacco use among ever married women of reproductive age and adolescent (by gender, age group, geography) | Household Survey Tool,  WRAs:  **Module B – Section 5 - Information on Mental Health and Physical Activity**  Adolescents:  **Module E – Section 3** | This indicator examines tobacco usage among women of reproductive age (WRAs) and adolescents through targeted questions. "Tobacco use" encompasses products such as chewable tobacco, cigarettes, cigars, pipes, or other smoked forms. "Current use" includes daily, non-daily, and occasional consumption patterns, providing a comprehensive understanding of tobacco prevalence within these groups.  The analysis for this indicator will be done separately for WRAs and adolescents. Following questions and calculation method will be employed:  **For WRAs**  **Module B – Section 5 - Information on Mental Health and Physical Activity**  Q6: Do you consume tobacco? Such as smoking cigarettes, chewing tobacco or in any other form?  Q7: If yes, then how often?  Current tobacco use will be labeled ‘Yes’ in case of any of these responses:  ‘Daily’, ‘Regularly but less than daily’, ‘Occasionally’  Current tobacco use: Yes, No  **For Adolescents**  **Module E – Section 3 - Information on Mental Health and Physical Activity**  Q7: Do you consume tobacco? Such as smoking cigarettes, chewing tobacco or in any other form?  Q8: If yes, then how often?  Current tobacco use will be labeled ‘Yes’ in case of any of these responses:  ‘Daily’, ‘Regularly but less than daily’, ‘Occasionally’  Current tobacco use: Yes, No | Number of WRAs/adolescents who reported to using tobacco | Total number of WRAs |
| 7 | % of ever-married women aged 40 years and above reported to mammography during the last 3 years (by geography) | Household Survey, Module-B Section 4(a) | WRAs aged 40 and above will be surveyed to determine whether they have undergone mammography within the three years preceding the assessment. Following will be the analysis method:  **Module B – Section 4(a) – Breast cancer**  Q9: Have you ever had mammography to screen for breast cancer?  Q10: If yes, when was it done?  Woman aged 40 years and above had mammogram in last three years: Yes, No | Number of WRAs aged 40 and above who reported to have mammography in last 3 years | Total number of WRAs assessed on this module |
| 8 | % of health institutions and facilities that are gender responsive and adolescent/child responsive as per standards (by facility type (gender-responsive and adolescent friendly), and geography) | HFA – Section 2 | This indicator evaluates the responsiveness of health facilities across three key areas: gender, adolescent sexual and reproductive health (SRH), and child-specific needs.  **Gender Responsiveness:** It assesses the availability of 24-hour maternal health services, female health personnel during all operational hours, mechanisms for emergency transportation, private consultation areas, waiting areas for attendants, and communication materials promoting gender sensitivity and male support. It also evaluates whether women can seek help independently, sex-disaggregated documentation, and staff training in gender equality, gender-sensitive communication, and sexual and gender-based violence (SGBV).  **Adolescents’ SRH Needs:** The focus is on age- and sex-specific documentation and the availability of age-appropriate, gender-responsive information, education, and communication (IEC) materials on modern contraception.  **Child Responsiveness:** It includes facilities with waiting play corners, toys, and books for young children, along with staff trained in overall child development.  Following questions and calculation logic will be deployed:  **Gender responsive**  **Module ‘Health Facility Assessment’ - Section 2 – Facility Assessment Checklist**  Q1: Does the facility provide 24-hours maternal health services?  Q2: Does the facility have any mechanism through which the emergency transportation is provided to the patients?  Q3: Observe: Are there private areas for patient consultation?  Q4: Observe: Are there waiting areas for accompanying partners or support persons in the facility (separate for men and women, if applicable)?  Q5: Observe: Do you see gender-sensitive behavior change communication materials available/posted in the facility?  Q6: Observe: Do you see communication/Public materials presenting positive images of men as supportive partners in the facility?  Q7: Is there a female health personnel (doctor, nurse, midwife) available during all hours of operation?  Q9: Is there any requirement of spousal or family member’s permission/consent for women to seek help at the facility?  Q11: Are there separate registers for men and women? Or Q12: If No, does the register have sex disaggregation?  Q15: Are there personnel at the facility that have been trained in gender equality and gender-sensitive communication?  Q16: Are there personnel at the facility that have been trained to detect, discuss and refer clients on sexual and gender-based violence?  **Scoring:** For Q9, response of ‘No’ carries 1 point. For all other items, response of ‘Yes’ carries 1 point. Note that either Q11 or Q12 will be scored (as applicable). Total score will be calculated by summing up scores on items (Score range: 0-11). Health facility will be considered gender responsive if the total score is at least 75% of maximum score i.e., at least 8.25.  **Child responsive**  **Module ‘Health Facility Assessment’ - Section 2**  Q28: Are there:  (a) Waiting play corners  (b) Toys  (c) Children books for young children  Q29: Are there personnel in the facility that have been trained on overall child development (e.g., topics related to child development, nurturing care, responsive caregiving, early learning/ child health and nutrition)?  **Scoring:** For each item, response of ‘Yes’ carries 1 point. Total score will be calculated by summing up scores on items (Score range: 0-4). Health facility will be considered child responsive if the total score is at least 75% of maximum score i.e., at least 3.  **Responsive toward adolescents’ SRH needs**  **Module ‘Health Facility Assessment’ - Section 2**  Q10: Do the registers in the facility record ages?  Q13: Are there separate registers for boys and girls?  Q14: If No, does the register have sex disaggregation?  Q26: Is there age-specific and gender-responsive IEC material on family planning/modern contraception available in the facility?  **Scoring:** For each item, response of ‘Yes’ carries 1 point. Note that either Q13 or Q14 will be scored (as applicable). Total score will be calculated by summing up scores on items (Score range: 0-3). Health facility will be considered responsive toward adolescents’ SRH needs if the total score is at least 75% of maximum score i.e., at least 2.25.  Gender responsive health facility: Yes, No  Child responsive health facility: Yes, No  Health facility responsive toward adolescents’ SRH needs: Yes, No | Number of AKF-supported health facilities that scored at least 75% on availability of resources/services related to gender-, adolescent-, and child-responsiveness, according to administration representative | Total number of AKF-supported health facilities assessed |
| 9 | % of AKF-supported ECD centers/pre-primary/community spaces meeting the minimum quality and secure learning environment standards (by geography) | Teach ECE classroom observation | This assessment will utilize the Teach ECE tool through classroom observations, focusing on key domains. These include the quality of teaching practices, instances of children being left unsupervised, any observed severe negative verbal or physical interactions, safety hazards, and the availability of facilities at the centre. Following questions and analysis plan will be used to determine the results:  **Quality of teaching practices (Low, Medium, High)**  **Element 1. SUPPORTIVE LEARNING ENVIRONMENT**  1.1. The teacher treats all children respectfully  1.2. The teacher uses positive language with children  1.3. The teacher responds to children’s needs  1.4. The teacher does not exhibit bias and challenges stereotypes in the classroom:  a. Gender bias  b. Disability bias  **Element 2. POSITIVE BEHAVIORIAL EXPECTATIONS**  2.1. The teacher sets clear behavioral expectations for classroom activities and/or routines  2.2. The teacher acknowledges children’s positive behavior  2.3. The teacher redirects misbehavior and focuses on the expected behavior, rather than the undesired behavior  **Element 3. FACILITATION OF LEARNING**  3.1. The teacher explicitly articulates the objectives of the learning activity  3.2. The teacher explains concepts and/or provides learning activities using multiple forms of representation  3.3. The teacher makes connections during the day that relate to other concepts or children’s daily lives  3.4. The teacher models by enacting OR assisting AND narrating/thinking aloud  **Element 4. CHECKS FOR UNDERSTANDING**  4.1. The teacher uses questions, prompts, or other strategies to determine children's level of understanding  4.2. The teacher monitors most children during independent/small group learning activities, including free play  4.3. The teacher adjusts teaching to the level of the children  **Element 5. FEEDBACK**  5.1. The teacher provides specific comments or prompts that help clarify children’s misunderstandings  5.2. The teacher provides specific comments or prompts that help identify children’s successes  **Element 6. CRITICAL THINKING**  6.1. The teacher asks open-ended questions  6.2. The teacher provides thinking tasks  6.3. The children ask open-ended questions or perform thinking tasks  **Element 7. AUTONOMY**  7.1 The teacher provides children with choices  7.2 The teacher provides children with opportunities to take on roles in the classroom  7.3 Children volunteer to participate in the classroom  **Element 8. PERSEVERANCE**  8.1. The teacher acknowledges children’s efforts  8.2. The teacher responds positively to children's challenges  8.3. The teacher encourages planning in the classroom  **Element 9. SOCIAL & COLLABORATIVE SKILLS**  9.1. The teacher promotes children’s collaboration through peer interaction  9.2. The teacher promotes children's intra- or interpersonal skills  9.3. Children collaborate with one another through peer interaction  Assign scores: Low=0, Medium/High=1 to each item and calculate total.  Divide the total by number of items to get average score for each element  Example  The teacher treats all children respectfully - 1 The teacher uses positive language with children - 1 The teacher responds to children’s needs - 0 The teacher does not exhibit bias and challenges stereotypes in the classroom: Gender bias - 1 The teacher does not exhibit bias and challenges stereotypes in the classroom: Disability bias - 1  **Supportive learning environment - 4/5 = 0.8**  **Fill in based on both observations**  Were the children left unsupervised?: No = 1, Yes = 0  Were any severe negative verbal/ physical interactions observed?: No = 1, Yes = 0  **Are any of these safety hazards observed?**  Broken or uneven floors: No = 1, Yes = 0  Broken chairs: No = 1, Yes = 0  Sharp or rusting play materials: No = 1, Yes = 0  Leaking roof or holes in ceiling: No = 1, Yes = 0  Broken windows or doors: No = 1, Yes = 0  Inadequate natural lighting: No = 1, Yes = 0  Inadequate ventilation: No = 1, Yes = 0  Door which cannot be locked: No = 1, Yes = 0  Packed/stored objects on school grounds: No = 1, Yes = 0  Open pit/holes: No = 1, Yes = 0  Rocky/littered playgrounds: No = 1, Yes = 0  No fencing on school premises/school near main roads: No = 1, Yes = 0  Exposed wiring/uncovered outlets: No = 1, Yes = 0  Other conditions likely to cause injury to children: No = 1, Yes = 0  **Are the following available/seen in the center:**  Clean drinking water for children: No = 0, Yes = 1  Child-friendly hand washing facilities: No = 0, Yes = 1  Toilets with handwashing facilities appropriate for children: No = 0, Yes = 1  Separate toilets for girls: No = 0, Yes = 1  Clean toilets: No = 0, Yes = 1  **Total score:** It will be calculated by adding all scores (Range: 0-30). Facility will be considered to meet the minimum standard if the total scores is at least 75% of the maximum score i.e., at least 22.5.  ECD facility meets minimum quality and secure learning environment: Yes, No | Number of AKF-supported ECD centres/spaces achieving a score of 75% (22.5) or greater | Total number of AKF-supported ECD centres/spaces assessed |
| 10a | Level of client satisfaction with the quality of AKF-supported early learning and ECD services (geography, gender) | ECD Client Exit Interview | This indicator evaluates client satisfaction with the quality of AKF-supported ECD facilities by considering several key parameters. It assesses the cost of access, including travel expenses to reach the facility, and the affordability of the ECD services themselves. Additionally, it examines the skills, knowledge, and attitude of teachers, focusing on their competency and professionalism. The behavior of the staff, including their interpersonal interactions and approachability, is also taken into account. Finally, the indicator considers the outcomes of utilizing ECD services, specifically the perceived benefits and results experienced by clients. Following questions will be asked and analysis approach will be deployed:  ***Section 1: Following questions from section 1 will be analysed to draw results for this indicator.***  Q5. How satisfied you are with the cost of access (travelling) to this ECD facility?  Q6. How satisfied you are with the cost of ECD services?  Q7. How satisfied you are with the skills, knowledge, and attitude of teachers at this facility?  Q8. How satisfied you are with the behavior of staff at this facility?  Q9. How satisfied you are with the result of ECD services provided at this facility?  **Scoring:** For each item, responses ‘Satisfied’ and ‘Highly satisfied’ will be given a score of 1. All other responses will be scored 0. The overall satisfaction scorewill be calculated by adding scores on all items (Range: 0-5). Clients will be considered satisfied with ECD services if the total score is at least 75% of maximum score i.e., at least 3.75.  Client satisfied with ECD services: Yes, No | Number of parents (or other caregivers) in AKF-supported ECD client exit interview who scored at least 75% on satisfaction questions | All parents (or other caregivers) in AKF-supported ECD client exit interview |
| 11 | % of women of reproductive age and adolescent girls who made decisions alone or jointly on matters related to family planning, child health and use of health, SRH and ECD services (by age, country, decision area) | Household Survey Tool  Module B – Section 2 and 3  Module C – Section 1 for WRAs  Module E – Section 2 for Adolescent Girls | This indicator evaluates the decision-making ability of Women of Reproductive Age (WRAs) and adolescent girls, either independently or jointly with others. For WRAs, the assessment focuses on their ability to make decisions in key areas such as family planning, obstetric care, child health, and Early Childhood Development (ECD) services. For adolescent girls, the indicator specifically measures their capacity to decide, alone or jointly, on accessing health services, including visiting a health facility and seeking medical assistance.  **Following analysis plan will be used for WRAs:**  **Module B - Section 2 - Family Planning**  Q7: Who primarily decides about use of contraception, regardless of the type?  **Module B - Section 3 - Information on Sexual Reproductive Health and Violence**  Q2(b-d): Who makes decisions on Sexual and Reproductive Health and Rights (SRHR) components including:  b) antenatal care  c) place of birth  d) postnatal care  **Module C - Section 1 - Demographics and General information**  Q8: In your household, who makes decisions about child’s education (ECD)?  Q9: Who makes decisions on child health and schooling except ECD in your household?  In each item, label ‘Yes’ if women reported ‘Self’ or ‘Me and my spouse’. If a category in ‘Other’ includes the women, it will also be labelled as ‘Yes’.  WRA makes decision related to Family planning alone or jointly: Yes, No  WRA makes decision related to Obstetric care (Antenatal care **and** Place of Birth **and** Postnatal care) alone or jointly: Yes, No  WRA makes decision related to child health alone or jointly: Yes, No  WRA makes decision related to seeking ECD services alone or jointly: Yes, No  WRA makes decisions alone or jointly in all four decision areas, i.e., family planning, Obstetric care, child health, and ECD services  **Adolescent girls**  **Module E – Section 2 - Information on Personal Rights**  Q10: Who makes decisions related to availing health services (including visiting a health facility and getting help) for you?  Adolescent girl will be considered involved in making decisions if her response was ‘Self’ or ‘Me and my parents’, or if a response in ‘Other’ category includes the adolescent]  Adolescent girl makes decision related to own healthcare alone or jointly: Yes, No | Number of WRAs/adolescent girls who reported making decisions alone or jointly | All WRAs/adolescent girls assessed on these modules |
| 12 | % of fathers engaged in children’s caregiving and responsibilities as indicated by women of reproductive age (by geography) | Household Survey Tool  Module B – Section 7 | This indicator measures fathers' involvement in children's caregiving by conducting interviews with Women of Reproductive Age (WRAs). The WRAs will rate the extent of fathers’ engagement in various caregiving activities and responsibilities using a Likert scale. Following questions and analysis plan will be used for assessing this indicator:  Q4: Does (name of father) engage in:  a) Supporting spouse/partner on exclusive breastfeeding and complementary feeding  b) Supporting spouse/partner in household responsibilities  c) Playing/ interacting with their young children  d) Responding timely and appropriately to the cues and signals of their young children  e) Maintaining daily routines for young children  f) Ensuring the environment is safe and secure for young children  g) Supporting young children’s early learning  h) Supporting spouse/partner in promoting positive discipline at home  **Scoring:** For each item: ‘No’ is scored as 0, ‘Yes, partially’ is scored as 1 and ‘Yes’ is scored as 2. Total score will be calculated by adding scores on all items (Range: 0-16). Father will be considered engaged in caregiving and shared responsibilities if the total score is at least 75% of maximum score, i.e., at least 12.  Father engaged in children’s caregiving and shared responsibilities: Yes, No | Number of fathers with at least 75% score on engagement in children’s caregiving and responsibilities, rated by WRA | Total number of fathers rated by WRAs |
| 15 | # of children reached through center-based early learning spaces (pre-schools, government centers, community centers, parenting/caregiver groups) (by gender, age group, geography) | ECD Enrollment Data Collection Tool | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |
| 16 | % of ever married women of reproductive age and adolescents who have sought counselling for mental health issues in the last 3 years (by age group, gender, geography) | **Household Survey Tool**  **Module B – Section 5 for WRAs**  **Module E – Section 3 for Adolescents** | This indicator derives results based on respondents' self-reported experiences of seeking counseling for mental health issues within the three years preceding the survey, using carefully designed leading questions. Below are the questions and analysis method:  For WRAs:  **Module B – Section 5 - Information on Mental Health and Physical Activity**  Q12: Have you sought help for mental health in the last 3 years?  Sought mental health help in last three years: Yes, No  For Adolescents  **Module E – Section 3 - Information on Mental Health and Physical Activity**  Q14: Have you sought help for mental health in the last 3 years?  Sought mental health help in last three years: Yes, No | Number of WRAs/ adolescents who report having sought help for mental health (counselling and/or medication) in the last 3 years | All WRAs/Adolescents assessed on these modules |
| 17 | % of sampled project stakeholders who report having used findings of research initiatives and studies to inform programming and policy (by gender, geography) | **TBD** | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |
| 19 | % of supported ECD staff (government or community health workers, pre-school teachers and others) with improved knowledge, attitudes and practices regarding ECD (by gender, geography) | Teach ECE  Teacher’s Observable Behaviors Section | This indicator evaluates the improvement in Knowledge, Attitudes, and Practices (KAP) of Early Childhood Development (ECD) staff following project interventions. The Teach ECE tool will be employed to assess a sample of staff at ECD facilities. The evaluation will be guided by specific questions and a defined analysis plan as stated below:  ***Knowledge***  2.1. The teacher sets clear behavioral expectations for classroom activities and/or routines,  3.1. The teacher explicitly articulates the objectives of the learning activity,  3.2. The teacher explains concepts and/or provides learning activities using multiple forms of representation,  3.3. The teacher makes connections during the day that relate to other concepts or children’s daily lives,  7.1. The teacher provides children with choices,  7.2. The teacher provides children with opportunities to take on roles in the classroom,  9.1. The teacher promotes children’s collaboration through peer interaction,  9.2. The teacher promotes children's intra- or interpersonal skills,  9.3. Children collaborate with one another through peer in­teraction.  ***Attitude***  1.1. Teacher treats all children respectfully,  1.2. Teacher uses positive language with children,  1.4. Teacher does not exhibit bias and challenges stereotypes in the classroom,  2.2. The teacher acknowledges children’s positive behavior,  8.1. The teacher acknowledges children’s efforts,  8.2. The teacher responds positively to children's challenges.  ***Practice***  1.3. Teacher responds to children’s needs,  2.3. The teacher redirects misbehavior and focuses on the expected behavior, rather than the undesired behavior,  3.4. The teacher models by enacting OR assisting AND narrating/thinking aloud,  4.1. The teacher uses questions, prompts, or other strategies to determine children's level of understanding,  4.2. The teacher monitors most children during independent/small group learning activities, including free play,  4.3. The teacher adjusts teaching to the level of the children,  5.1. The teacher provides specific comments or prompts that help clarify children’s misunderstandings,  5.2. The teacher provides specific comments or prompts that help identify children’s successes,  6.1. The teacher asks open-ended questions,  6.2. The teacher provides thinking tasks,  6.3. The children ask open-ended questions or perform thinking tasks,  7.3. Children volunteer to participate in the classroom.  8.3. The teacher encourages planning in the classroom,  Questions will be sorted in terms of Knowledge (9), Attitude (6) and Practice (13) [as done in next section below]. Scoring will be done for each segment, and it will be determined that how many teachers scored 75% and above in each.  The percentages for knowledge, attitude and practice will be determined for each teacher by dividing the sum of scores by the number of items (calculated for sum of scores) and multiplied by 100.  Count the number of teachers scoring ≥75% in all fields. This will be numerator.  Put value to each observable trait: L = 1 Point; M = 2 Points; H= 3 Points. Thus: The highest score a teacher can get is 84 Points and the lowest possible score is 28. If a teacher gets 63 score it means she/he have 75% KAP | Number of AKF-supported ECD staff who scored at least 75% on Knowledge, Attitude and Practice | Total number of teachers assessed |
| 20 | % of health workers in project geographies with improved knowledge, attitudes and practices related to gender-responsive and respectful health service delivery (by gender, geography) | HFA – Section 1 - KAP | This indicator assesses the improved Knowledge, Attitudes, and Practices (KAP) of health workers by evaluating their agreement with statements related to ethics and gender responsiveness. These include maintaining patient anonymity, ensuring privacy during consultations, adhering to principles of beneficence, nonmaleficence, autonomy, and justice, and promoting gender equality. Additionally, it considers the provision of health services to women without the presence of a male partner or family member's consent, ensuring the privacy and confidentiality of women, supporting women's autonomy in making sexual and reproductive health (SRH) decisions, and recognizing the need for training health facility personnel in gender-responsive health service delivery.  Following are the questions and analysis approach:  **Module ‘Health Facility Assessment’ - Section 1 – KAP of health facility staff**  Q10: Patients’ anonymity should be maintained  Q11: Patients should be provided privacy/ separate areas during consultation or health facility provision  Q12: Patients should be provided an informed decision-making opportunity in availing healthy facility services  Q13: I should strive to minimize the harm I may inadvertently cause through providing aid, as well as harm that may be caused by not providing aid  Q14: I should act for the benefit of the patient and support a number of moral rules to protect and defend their rights  Q15: Everyone should have a fair opportunity to be provided with health facilities  Q16: Patient’s health related decisions should be respected  Q18: All patients should be treated equally irrespective of their gender  Q19: A woman should be provided health facility services even if she is not accompanied by a male  Q20: It is important to keep information of the woman confidential  Q21: A woman should be provided services even without her husband’s or family’s consent  Q22: If a woman is not comfortable talking in front of family members, she should be provided privacy  Q23: Women have rights to decide about their sexual and reproductive health  Q24: Men and women have equal rights to access health  Q25: Health facility personnel should be trained for gender responsive health service delivery  **Scoring:** For each item, response of ‘Agree’ carries 1 point. It will be calculated by adding scores on all items (Range: 0-15). Staff would be considered to have appropriate KAP if the total score is at least 75% of maximum score, i.e., at least 11.25.  Appropriate KAP related to gender-responsive and respectful health service delivery: Yes, No | Number of healthcare staff who scored at least 75% on KAP related to gender-responsive and respectful health service delivery | All healthcare staff at AKF-supported health facilities |
| 21 | % of AKF-supported government agencies with improved performance (by geography) | GPI standard tool | GPI scoring will be conducted for various government agencies and entities to assess their performance improvements. The scoring will be based on GPI parameters, including effectiveness, efficiency, relevance, and sustainability, to provide a comprehensive evaluation of their progress and impact.  GPI is a standard tool on which enumerators will choose the level for each subdomain of above-mentioned parameters: Level 1, Level 2, Level 3, Level 4. There are a total of 8 sub-domains.  The level of a subdomain is considered its score  Each Domain score is the average of its subdomain scores  Overall GPI score is the average of all domain scores. The average score for each agency will be compared with baseline/last assessment and it will be determined if a particular agency has improved performance.  Improved status: Yes, No | Total number of agencies with improved status | Tota number of agencies assessed |
| 22 | % of AKF supported health facilities that implement quality assurance action plans (by sector, geography) | HFA – Health Facility Check List - Section 2 | To assess the results for this indicator, health facilities will be evaluated to determine the presence of quality assurance activities, including internal and external audits, as well as ISO/JICA certification.  Q18: (Ask) Is the facility certified/accredited or audited? (ISO/JCIA/Internal and external audits)  To be considered as having had a quality assurance activity, the response should be ‘Yes’  Had a quality assurance activity: Yes, No | Number of AKF-supported health facilities which had a quality assurance activity, according to administration representative | All AKF-supported health facilities assessed |
| 23 | % of AKF supported health facilities with effective management systems in place (by geography) | HFA – Health Facility Check List – Section 2 | Effective management under this indicator refers to the presence and implementation of key organizational practices. These include having a clear organogram with defined divisions of tasks and responsibilities, a staff performance appraisal system, established disciplinary procedures, a proper filing and documentation system, and a bottom-up feedback mechanism to ensure employee input is considered in decision-making processes.  Following questions and analysis approach will be employed for this indicator:  Q21: Is there an organogram with clear division of tasks and responsibilities?  Q22: Is there a staff performance appraisal system in place?  Q23: Are there disciplinary procedures in place?  Q24: Is there a filing/documentation system in place?  Q25: Is there a bottom-up feedback mechanism in place?  To be considered as having an effective management system in place, responses to all five questions should be ‘Yes”.  Effective management system: Yes, No | Number of AKF-supported health facilities with effective management system in place, according to administration representative | All AKF-supported health facilities assessed |
| 24 | % of supported health facilities with at least 3 modern family planning contraception methods on the day of the assessment (by geography) | HFA – Health Facility Check List – Section 2 | This indicator tracks the percentage of AKF-supported health facilities that have at least three modern family planning contraceptive methods available on the day of the assessment. Modern methods of contraception include oral contraceptive pills, implants, injectables, contraceptive patches, vaginal rings, intrauterine devices (IUDs), female and male condoms, female and male sterilization, vaginal barrier methods (such as diaphragms and cervical caps), spermicidal agents, and emergency contraception pills.  Following question and analysis approach will guide the assessment for this indicator:  Q27: Are there at least 3 modern methods of contraception available in the health facility?  At least three modern family planning methods available at facility on day of assessment: Yes, No | Number of AKF-supported health facilities which had at least three modern contraceptives available on the day of assessment, according to administration representative | All AKF-supported health facilities  assessed |
| 25 | % of ECD facilities with contextually relevant and age-appropriate teaching and learning resources | Teach ECE Classroom Observation Module | Contextually relevant and age-appropriate teaching and learning resources include writing utensils, art supplies, materials for fantasy play, building blocks, educational toys or math-related materials, and storybooks. This indicator will assess whether the ECD facilities supported by AKF have access to these essential resources.  Key Questions from the tool and analysis approach are as followed:  Of the available resources in the classroom, what percent of children had the opportunity to manipulate the materials? (tick all that apply)  More than 75%, Between 75-50%, Less than 50%, None, Resources not available   * Writing utensils (pencils, pens, crayons, chalk, slates) * Art (paper, crayons, markers, chalk, pencils, paints, clay, sand, scissors, tape, glue, stamps, sticks, grasses, natural materials) * Fantasy Play (dolls, stuffed animals, cars, dress up clothes, masks, pretend food, pots and spoons) * Blocks (wooden or plastic blocks, interlocking pieces) * Educational Toys or Math Materials (bottle caps, dice, water, beads, rocks, abacus, materials used for counting or sorting, puzzles, games) * Storybooks (books with pictures and text, including those made by the teacher)   **Scoring:** Teaching/learning resource will be considered ‘Absent’ if the response is “Resources not available” and assigned 0 point. For all other responses, 1 point will be assigned. Total score will be calculated by adding scores on all items (Range: 0-6). An ECD facility will be considered to have contextually relevant and age-appropriate teaching and learning resources if the total score is at least 75% of maximum score, i.e., at least 4.5.  ECD facility has contextually relevant and age-appropriate teaching and learning resources: Yes, No | Number of AKF-supported ECD centers where at least 75% of teaching and learning resources are present on the day of assessment | All AKF-supported ECD centers assessed |
| 25a | # of ante natal care visits by adolescent girls and women (by geography) \*\*[FIAP KPI HN3 1120a] | Document Review | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |
| 25b | # of deliveries by skilled birth personnel (by geography) \*\*[FIAP KPI HN3 1120b] | Document Review | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |
| 25c | # of post natal visits by adolescent girls and women (by geography) \*\*[FIAP KPI HN3 1120c] | Document Review | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |
| 26 | % of clients who are satisfied with their access to health services, including SRH and family planning (by gender, age, geography) | HFA – Section 3a and 3b | For this indicator, satisfaction will be assessed using a Likert scale across several key domains, including the time taken to reach the health facility, privacy arrangements, waiting time, consultation time, the skills of staff, and the behavior of staff. Below are the questions and analysis approach:  **Family planning services**  **Module ‘Health Facility Assessment’ - Section 3a – General Information**  Q11: Are you satisfied with the time taken to reach the health facility?  **Module ‘Health Facility Assessment’ - Section 3b – Satisfaction with services**  Q5: How satisfied you are with the privacy arrangements for various services?  Q7: How satisfied you are with the waiting time for/during access to family planning services?  Q8: How satisfied you are with the consultation time for family planning services?  Q9: How satisfied you are with skills of the staff that provided you family planning services?  Q10: How satisfied you are with behavior of the staff that provided you family planning services?  **Scoring:** For Section 3A – Q11: 1 point for ‘Yes’, otherwise 0. For Section 3B - Qs: 5, 7, 8, 9 & 10: Response of either ‘Highly satisfied’ or ‘Satisfied’ will be scored as 1, otherwise 0.  **SRHR services**  **Module ‘Health Facility Assessment’ - Section 3a**  Q11: Are you satisfied with the time taken to reach the health facility?  **Module ‘Health Facility Assessment’ - Section 3b**  Q5: How satisfied you are with the privacy arrangements for various services?  Q12: How satisfied you are with the waiting time for/during access to SRHR services?  Q13: How satisfied you are with the consultation time for SRHR services?  Q14: How satisfied you are with skills of the staff that provided you SRHR services?  Q15: How satisfied you are with behaviour of the staff that provided you SRHR services?  **Scoring:** For Section 3A – Q11: 1 point for ‘Yes’, otherwise 0. For Section 3B - For Qs: 5, 12, 13, 14 & 15: Response of either ‘Very satisfied’ or ‘Satisfied’ will be scored as 1, otherwise 0.  **Child Health services**  **Module ‘Health Facility Assessment’ - Section 3a**  Q11: Are you satisfied with the time taken to reach the health facility? [1 point for response ‘Yes’]  **Module ‘Health Facility Assessment’ - Section 3b**  Q5: How satisfied you are with the privacy arrangements for various services?  Q17: How satisfied you are with the waiting time for/during access to Child Health Services?  Q18: How satisfied you are with the consultation time for Child Health services?  Q19: How satisfied you are with skills of the staff that provided you Child Health services?  Q20: How satisfied you are with behaviour of the staff that provided you Child Health services?  **Scoring:** For Section 3A – Q11: 1 point for ‘Yes’, otherwise 0. For Section 3B - For Qs: 5, 17, 18, 19 & 20: Response of either ‘Very satisfied’ or ‘Satisfied’ will be scored as 1, otherwise 0.  Total score for ‘Satisfaction with accesses to a service will be calculated by summing up scores on all its items (score range: 0-6). Client will be considered satisfied if the total score is at least 75% of the maximum score, i.e., at least 4.5.  Client satisfied with access to Family planning services: Yes, No  Client satisfied with access to SRH services: Yes, No  Client satisfied with access to Child Health services: Yes, No | Number of participants in AKF-supported health facility client exit interview, who scored at least 75% on satisfaction with access to health services | All participants in AKF-supported health facility client exit interview |
| 27 | % of women of reproductive age (with child 0-59 months) who are satisfied with their access to early childhood development services (age group and geography) | Household Survey  **Module C – Section 2 - Satisfaction with ECD Services** | This indicator aims to assess the satisfaction of women in the community regarding their access to ECD services. The assessment will focus on several factors, including the distance of the ECD facility from their home, the appropriateness of activities offered, teachers’ knowledge, skills, and attitudes, the availability of learning materials and sensory aids, the quality of WASH (Water, Sanitation, and Hygiene) facilities, and the safety and security of children. It will also examine the school readiness of children, the engagement of parents, primary caregivers, and families, health and nutrition measures, the developmental monitoring of children, and the responsiveness of staff to questions and concerns. Additionally, it will explore equal treatment of children across gender, disabilities, cultural differences, and socioeconomic backgrounds, as well as the child’s overall performance and the overall experience of accessing ECD services.  Below questions and analysis plan will be employed:  Q8: How satisfied are you by the:  i) Distance of ECD center from your home?  ii) Appropriateness of the activities conducted in the early learning facilities according to the children’s age and mental and physical capacities. Rate each:  a) Play-based activities, b) Singing (songs/poems/recitals), c) Interactive games, d) Acquiring new skills  iii) Teachers’ skills in facilitating activities with the children  iv) Teachers’ attitude and way of interaction toward children  v) Teachers’ level of knowledge on the early learning  vi) Quality of learning materials/visual aids/auditory aids/tactile aids.  vii) Appropriateness of learning materials/visual aids/auditory aids/tactile aids, toys, and play facilities according to the age and physical and mental capacities of the children  viii) Quality of WASH facilities i.e., a) handwashing facilities, b) Toilet c) Portable water source  ix) Implementation of policies related to safety and security of children in school and immediate vicinity  x) Level of effectiveness in ensuring school readiness of enrolled children  xi) Level of effectiveness in encouraging parent or primary caregiver involvement and/or family engagement  xii) Health and nutrition measures at ECD centers  xiii) Developmental monitoring of enrolled children  xiv) Responsiveness of the staff to questions/concerns about the child and the program as a whole  xv) Equal treatment of boys and girls at ECD centers by teachers  xvi) Equal treatment of children with disabilities, and/or different cultures and socio-economic backgrounds  xvii) Participation of parents in preschool/pre-primary activities  xviii) Effectiveness of parent-teacher communication  xix) [Your own] child’s performance in school  xx) Overall service of pre-school or early child center and Overall experience of your child in the ECD center, plus: your overall experience as a parent with a child attending the ECD center  **Scoring:** All items are assessed on Likert scale from 1-5 [Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied and Very satisfied]. Parts a-d of 8(ii) and parts a-c of 8(viii) will be scored separately. 1 point is assigned per item for the response of either ‘Satisfied’ or ‘Very satisfied’. Total score will be calculated by adding scores on all items (Range: 0-25). WRA will be considered satisfied with access to ECD services if the total score is at least 75% of maximum score, i.e., at least 18.75.  WRA satisfied with access to ECD services: Yes, No | Number of WRA with child aged 0-59 months attending ECD facility, who scored at least 75% on satisfaction | All WRA with child aged 0-59 months attending ECD facility |
| 30 | % of ever married women of reproductive age, girls and boys who demonstrate improved knowledge towards key gender equality topics and issues, including SRHR (by gender, age, district) | Household Survey  Module B – Section 2 and 3 for WRAs  Module E – Section 1 and 4 for Girls and Boys | For this indicator, the Knowledge, Attitudes, and Practices (KAP) of community members will be assessed across two major areas. The first area focuses on their awareness of at least two modern contraception methods, HIV/AIDS prevention methods, the consequences of early marriage, forms of gender-based violence (SGBV) within the community, and the sexual and reproductive health (SRH) issues that lead to stigma and discrimination faced by women and girls. The second area examines attitudes toward gender equality, specifically the equal rights of men and women to make decisions and access opportunities such as education, employment, and health services. Following are specific **questions and Analysis Approach:**  **For WRAs**  **SHRH**  **Module B – Section 2 – Family planning**  Q2: Please name the family planning methods you know**.**  **Module B – Section 3 - Information on Sexual Reproductive Health and Violence**  Q1: In your opinion, what can be the consequences of early marriage?  Q5: Please name HIV/AIDS prevention methods that you know.  Q6: Please help in identifying any issues related to sexual and reproductive health prevalent in your community that leads to girls and women facing stigma and discrimination.  Q7: Please help in identifying commonly prevalent forms of sexual and gender-based violence in your community.  For each item, if the respondent provides at least 2 correct responses for an item, then give a score = 1, otherwise 0. For ‘Module B – Section 2 – Q2’ and ‘Module E – Section 4 – Q8’, only modern family planning methods will be considered correct responses [Oral Contraceptive pills, Implants, Injectable, Contraceptive patch/vaginal ring, Intrauterine Device (IUD), Male condoms, Female condoms, Female sterilization/tubal ligation, Male sterilization/vasectomy, Vaginal barrier methods (including the diaphragm, cervical cap and spermicidal agents), Emergency contraception pills]  **Gender equality**  **Module B – Section 3 - Information on Sexual Reproductive Health and Violence**  Q13: In your opinion: Should men and women have equal right to decide and go out for seeking education?  Q14: In your opinion: Should men and women have equal right to decide and go out for earning/job?  Q15: In your opinion: Should men and women have equal right to decide and go out for accessing health services?  For each item, response of ‘Yes’ will lead to a score of 1, otherwise 0.  **Total score:** It will be calculated by summing up score of all items (score range= 0-8). WRA will be considered to have appropriate knowledge toward gender equality topics including SRHR if the score is at least 75% of maximum score, i.e., 6.  Appropriate knowledge toward gender equality topics including SRHR: Yes, No  **For Girls and Boys:**  **SRHR**  **Module E – Section 4 - Information on Sexual Reproductive Health**  Q1: In your opinion, what can be the consequences of early marriage?  Q4: Please name HIV/AIDS prevention methods that you know.  Q5: Please help in identifying any issues related to sexual and reproductive health prevalent in your community that leads to girls and women facing stigma and discrimination.  Q6: Please help in identifying commonly prevalent forms of sexual and gender-based violence in your community.  Q8: Please name the family planning methods you know  For each item, if the respondent provides at least 2 correct responses for an item, then give a score = 1, otherwise 0. For ‘Module B – Section 2 – Q2’ and ‘Module E – Section 4 – Q8’, only modern family planning methods will be considered correct responses [Oral Contraceptive pills, Implants, Injectable, Contraceptive patch/vaginal ring, Intrauterine Device (IUD), Male condoms, Female condoms, Female sterilization/tubal ligation, Male sterilization/vasectomy, Vaginal barrier methods (including the diaphragm, cervical cap and spermicidal agents), Emergency contraception pills]  **Gender equality**  **Module E – Section 1 - Knowledge, Attitude, and Practices**  Q9: In your opinion: Should men and women have equal right to decide and go out for seeking education?  Q10: In your opinion: Should men and women have equal right to decide and go out for earning/job?  Q11: In your opinion: Should men and women have equal right to decide and go out for accessing health services?  For each item, response of ‘Yes’ will lead to a score of 1, otherwise 0.  **Total score:** It will be calculated by summing up score of all items (range= 0-8). Adolescents will be considered to have appropriate knowledge toward gender equality topics including SRHR if the total score is at least 75% of maximum score, i.e., 6.  Appropriate knowledge toward gender equality topics including SRHR: Yes, No | Number of WRA/ girls and boys who scored at least 75% on gender equality and SRH | All WRA/ girls and boys assessed |
| 31 | % of mothers (with children aged 24-59) who demonstrated improved knowledge, attitude and practices regarding ECD | Household Survey Tool | For this indicator, the Knowledge, Attitudes, and Practices (KAP) of mothers with children aged 24–59 months will be assessed in relation to responsive caregiving. This includes their ability to provide opportunities for early learning, practice good hygiene, protect children from physical punishment, abuse, and neglect, and ensure access to safe spaces for play, using following questions and analysis plan:  **Module C – Section 3b - MICS-6**  Q1: How many children’s books or picture books do you have for (name)? [1 point if at least one book present, otherwise 0. Range 0-1.]  Q2: Does (he/she) play with: [A] Homemade toys, such as dolls, cars, or other toys made at home? [B] Toys from a shop or manufactured toys? [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? [1 point for each response of ‘Yes’. Range 0-3.]  Q3: On how many days in the past week was (name): [A] Left alone for more than an hour? [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? [1 point for each response of ‘None’, otherwise 0. Range 0-2.]  Q5: In the past 3 days, did you or any household member aged 15 or over engage in any of the following activities with (name): [A] Read books or looked at picture books with (name)? [B] Told stories to (name)? [C] Sang songs to or with (name), including lullabies? [D] Took (name) outside the home? [E] Played with (name)? [F] Named, counted, or drew things for or with (name)? [1 point for each item, for any response other than ‘No one’. ‘No one’ will be scored as 0. Range 0-6.]  **Module C – Section 4 - Child Discipline**  Q2: Please tell me if you or any other adult in your household has used this method with (name) in the past month. [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. [B] Explained why (name)’s behavior was wrong. [C] Shook (him/her). [D]Shouted, yelled at or screamed at (him/her). [E] Gave (him/her) something else to do. [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. [H] Called (him/her) dumb, lazy or another name like that. [I] Hit or slapped (him/her) on the face, head or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. [1 point for each item if response is ‘Yes’ for A, B and E. 1 point for each item if response is ‘No’ for C, D, F, G, H, I, J and K. Range 0-11.]  Q3: Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? [1 point if response is ‘No’. Range 0-1.]  **Module D – Section 1 - Responsive Caregiving**  Q3: Observe (1) Make eye contact with the child (2) Smile at the child (3) Cuddle (4) Praise the child (5) She/he notices the child’s cues and responds properly e.g. hunger, satiety, illness, emotional distress, interest to play, pleasure (6) Do they enjoy being together? [1 point for each response of ‘Yes’. Range 0-6.]  Q4: (Ask) Do you know your child’s bedtime, feeding time, playtime? [1 point for response of ‘Yes’. Range 0-1.]  **Module D – Section 2 - Opportunities for Early Learning**  Observe (1) Mother using activities that encourage young children to move their bodies, activate their five senses, hear and use language, and explore (2) Mother talking to and with the baby/toddler/child - Smiling, imitating/copying, and simple games (e.g., peek a boo) (3) Child’s Age-appropriate play with household objects, pet and domestic animals, and people  [1 point for each response of ‘Yes’. Range 0-3.]  **Module D – Section 3 - Safety and Security**  Q1: (Observe) Is the child/children practicing/ maintaining good hygiene?  [1 point for response of ‘Yes’. Range 0-1.]  Q2: (Observe) Is the parent practicing good hygiene?  [1 point for response of ‘Yes’. Range 0-1.]  Q3: (Observe) (i) Are there sharp items in the play environment? (ii) Are there flows, ditches, water streams that can drown sink a child around the play environment? (iii) Is there a risk of the child falling from a height in the play environment? (iv) Is there a risk of wild animals, harmful insects, and exposure to the disease in the play environment? (v) Chemicals? (vi) Is the child being watched over an adult while in the playing environment? (vii) Overall, is the environment considered safe for child play? [1 point each for items ‘i’ to ‘v’ if response is ‘No’ in. 1 point each for items ‘vi’ and ‘vii’ if response is ‘Yes’. Range 0-7.]  **Scoring:** Total score will be calculated by adding all scores (Range: 0-43). WRA will be considered to have appropriate KAP regarding ECD if the total score is at least 75% of maximum score, i.e., at least 32.25.  Appropriate KAP regarding ECD: Yes, No | Number of WRA with children aged 24-59 months, who scored at least 75% on KAP related to ECD | All WRA with children aged 24-59 months |
| 32 | % of ever married women of reproductive age and adolescents who reported about mental health issues (by age group, gender, geography | Household Survey | This indicator focuses on the awareness of mental health issues and the proportion of individuals reporting mental health concerns. *Mental health awareness* is defined as achieving a score of at least 75% in the following domains: identifying symptoms of mental illness, naming or describing different mental illnesses, and recognizing that the most appropriate person to consult in the case of a mental health problem is a doctor or mental health expert.  **Questions and Analysis for WRAs:**  **Module B – Section 5 - Information on Mental Health and Physical Activity**  Q8: Can you name any three symptoms of mental illness? (Each correct response yields 1 point, score range 0-3)  Q9: Can you name any three mental illnesses? (Each correct response yields 1 point, score range 0-3)  Q10: Who is the best person to go to in case of a mental health problem? [Either of two responses: ‘Doctor’ or ‘Mental health experts’ will be counted as correct and yield 1 point, score range 0-1]  **Scoring:** Total score will be calculated by summing up scores (range 0-7). WRA will be considered to have awareness related to mental health issues if the total score is at least 75% of the maximum score, i.e., 5.25.  Aware of mental health issues: Yes, No  **Questions and Analysis for Adolescents:**  **Module E – Section 3 - Information on Mental Health and Physical Activity**  Q9: Can you name any three symptoms of mental illness? (Each correct response yields 1 point, score range 0-3)  Q10: Can you name any three mental illnesses? (Each correct response yields 1 point, score range 0-3)  Q11: Who is the best person to go to in case of a mental health problem? [Either of two responses: ‘Doctor’ or ‘Mental health experts’ will be counted as correct and yield 1 point, score range 0-1]  **Scoring:** Total score will be calculated by summing up scores (range 0-7). An adolescent will be considered to have awareness related to mental health issues if the total score is at least 75% of the maximum score, i.e., 5.25.  Aware of mental health issues: Yes, No | Number of WRAs/adolescents who scored at least 75% on mental health awareness | All WRAs/adolescents assessed |
| 33 | % of ever married WRAs who reported knowing self-examination for breast cancer (by geography) | Household Survey Tool | This indicator assesses women's awareness regarding self-examination for breast cancer. Common methods of self-examination include visual inspection by standing in front of a mirror while shirtless and braless and physical examination by gliding the palm of the hand over the breasts in either of the following positions: lying on a flat surface such as a bed or in the shower or standing. Women should check for signs such as dimples, puckers, bulges, or ridges on the skin of the breast; inverted nipples; redness, warmth, swelling, or pain; itching, scales, sores, or rashes; and the presence of a hard lump or knot near the underarm.  Following questions will be used to assess this indicator:  **Module B – Section 4(a) – Breast cancer**  Q4: Do you know how to do self-examination for breast cancer?  WRA reports knowing how to perform breast self-examination: Yes, No | Number of WRAs who report that they know how to perform self-examination for breast cancer | All WRAs assessed |
| 34 | % of women 30-49 who are aware that screening exists for cervical cancer (by geography) | Household Survey | This indicator aims to assess women's awareness of the existing cervical cancer screening methods. The primary methods for cervical cancer screening include Visual Inspection with Acetic Acid/Vinegar (VIA), Pap smear, and Human Papillomavirus (HPV) testing.  **Module B – Section 4(b) – Cervical cancer**  Q4: Is there a way to detect cervical cancer before its symptoms develop, i.e. in early stages? [Correct response = Yes(1)]  Q5: Please name any screening tests for cervical cancer that you know of. [Any one of three responses would be considered acceptable: HPV test, Pap smear or VIA]  Respondent would be considered aware of cervical cancer screening if she provides correct responses to both questions.  Woman aged 30-49 years aware of cervical cancer screening: Yes, No | Number of women aged 30-49 years who could name or describe at least one method of cervical cancer screening | All women aged 30-49 years assessed |
| 35 | Functionality of feminist Monitoring, Evaluation, Research, and Learning (MERL) system, according to key criteria, on a scale 1-5 (by geography) | System Review Tool | AKF to calculate indicator directly and provide aggregated data to consultant. | N/A | N/A |