Economic and Social Commission for Asia and the Pacific

Handbook on Reproductive Health Indicators

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APPENDIX

INTRODUCTION

Reproductive health (RH) indicators summarize data which have been collected to answer questions that are relevant to the planning and management of reproductive health programmes. The indicators provide a useful tool to assess needs, and monitor and evaluate programme implementation and impact. The indicators capture the occurrence of events such as live births, the prevalence of a characteristic in persons such as the use of contraceptive methods or the prevalence of characteristics of a health facility, for example, health centres which provide family planning services. The indicators are expressed in rates, proportions, averages, categorical variables or absolute numbers.

Following a number of international conferences in the 1990s, in particular the 1994 International Conference on Population and Development (ICPD), many countries have endorsed a number of goals and targets in the broad area of reproductive health. Most of these goals and targets have been formulated with quantifiable and time-bound objectives as part of their national health policies and programmes.

In order to assess the achievements of goals and targets, it is necessary to establish a system for monitoring and evaluation. This involves the definition of essential indicators and guidelines on how to use them. With the expansion and evolution of services of reproductive health, many agencies have been working on developing indicators. As a result, there have been a number of indicators put forward by these organizations, in addition to existing national indicators.

With the trend towards the integration and development of comprehensive reproductive health programmes and their decentralization,

the responsibility for planning and management of programmes has been placed at the subnational level. Therefore, indicators are not only required at the national level but also at the subnational level to monitor the effective implementation and evaluate the impact of programmes. However, many reproductive health indicators that have been produced are not necessarily appropriate at the subnational level.

The objective of this handbook, therefore, is to present a guide to a core set of illustrative and practical indicators with examples, wherever possible, to enable programme managers at national and in particular at the subnational level to monitor and evaluate reproductive health programmes and projects. This handbook draws heavily from previous work undertaken in this area (United Nations, 1998; UNFPA, 1996, 1998; Bertrand and others, 1994; Abeykoon, 1999; WHO, 1997a, 1997b).

I. CRITERIA FOR SELECTING INDICATORS

Indicator selection raises technical questions about the implications of data collection as well as other operational issues. For some programmatic issues, the basic statistics required to construct indicators already exist, but the major task is to ensure consistent use and proper interpretation. However, for others, considerable innovative thinking is required. A good indicator has a number of important attributes and those recommended by the World Health Organization (WHO, 1997c) are outlined below.

- To be *useful* an indicator must be able to act as a "marker of progress" towards improved reproductive health status, either as a direct or proxy measure of impact or as a measure of progress towards specified process goals.

- To be *scientifically robust* an indicator must be a valid, specific, sensitive and reliable reflection of that which it purports to measure. A *valid* indicator must actually measure the issue or factor it is supposed to measure. A *specific* indictor must only reflect changes in the issue or factor under consideration. The *sensitivity* of an indicator depends on its ability to reveal important changes in the factor of interest. A *reliable* indicator is one which would give the same value if its measurement was repeated in the same way on the same population and at almost the same time.

- To be *representative* an indicator must adequately encompass all the issues or population groups it is expected to cover.

- To be *understandable* an indicator must be simple to define and its value must be easy to interpret in terms of reproductive health status.

- To be *accessible* the data required for an indicator should be available or relatively easy to acquire by feasible data collection methods that have been validated in field trials.

- To be *ethical* an indicator requires data which are ethical to collect, process and present in terms of the rights of the individual to confidentiality, freedom of choice in supplying data, and informed consent regarding the nature and implications of the data required.

II. CONCEPTUAL FRAMEWORK

An important objective of a conceptual framework is to depict clearly the desired programme and population outcomes targeted by interventions and the main paths of influence that connect the

pertinent actions as shown in the figure on page 5. A conceptual framework for reproductive health helps those involved in programme design, management and implementation to select the appropriate input, process, output and impact indicators to monitor and evaluate whether and how these interventions have helped to achieve RH objectives.

A. Input indicators

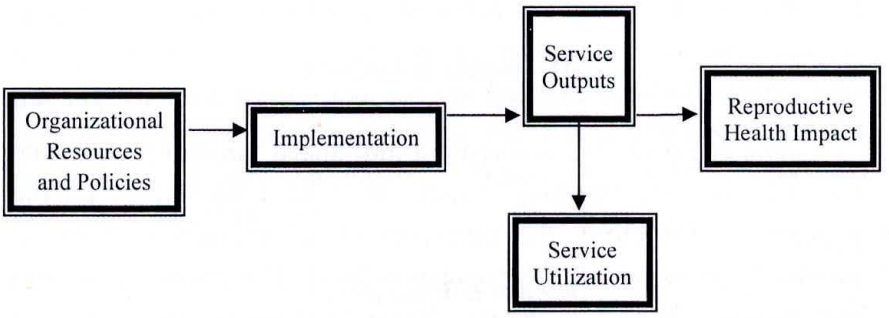
In a reproductive health programme, specific interventions directed at achieving the desired outcomes need to be supported by a conducive environment, where policies and organizational resources are in place. The inputs needed to meet the desired implementing processes are resources and the policy environment. Resources include manpower, material and financial resources. Policies and administrative procedures include national policies and legislation with regard to reproductive health to create an enabling environment for the effective implementation of activities. RH indicators directed at policies and administrative issues are designed to show whether the enabling national policy conditions and guidelines are in place to support appropriate RH interventions. All these policy indicators require qualitative information on the existence of policy statements or legislation in support of RH goals.

B. Process indicators

Implementation of RH activities is the process through which the desired interventions are carried out to achieve programme outputs. The process indicators of reproductive health address operational issues and questions that can be answered with programme level data and measures. The indicators may enable policy makers and programme managers to assess and improve RH services so that clients can achieve their reproductive health intentions.

Figure

A Conceptual Framework for Monitoring and Evaluating Reproductive Health Programme Components



Inputs →	Process →	Outputs →	Outcomes
Resources	*Services*	*Results*	*Impacts*
Manpower	Contacts	Knowledge	Fertility
Material	Visits	Acceptance	Mortality
Finance	Examinations	Practice	
	Morbidity	Utilization	
	Referrals	Prevalence	
Policies & Procedures	*Products*		
National Policies & Legislation	Advocacy and IEC Materials		
	Contraceptives		
	Logistics		

Source: A.T.P.L. Abeykoon (1999).

IV. LIST OF SELECTED INDICATORS

The following provides illustrative lists of selected input, process, output, and impact indicators to enable readers to understand the concepts that are used to monitor and evaluate reproductive health programmes. Appendix summarizes the reproductive health indicators developed by UNFPA into input, process, output and impact indicators (Abeykoon, 1999).

A. Input indicators

(a) Percentage of health personnel trained in midwifery

Definition:

The number of health personnel who are trained in midwifery as a percentage of all health personnel who attended delivery in a given period and in a given geographical area.

It is calculated as:

$$\frac{\text{Number of health personnel who are trained in midwifery}}{\text{Number of all health personnel who attended delivery}} \times 100$$

Data requirements:

The number of health personnel who are trained in midwifery in a given period and in a given geographical area; and the total number of health personnel who attended delivery in the same period and in the same geographical area.

Data sources:

Health service statistics; Facility-based surveys

Uses and limitations:

It is an indicator of the quality of services. The WHO defines "trained midwifery" as those who have successfully completed a prescribed course of midwifery and are able to give the necessary supervision, care and advice to women during pregnancy and labour, and in the post-partum period, and conduct deliveries and provide care for infants.

(b) Percentage of public sector expenditures on contraceptive commodities

Definition:

It is defined as the percentage of public sector expenditure on contraceptive commodities to the total expenditure on contraceptive procurements during a given year.

Data requirements:

Public sector expenditure on contraceptive procurements during a year; and the total expenditure on contraceptives procurements during the same year.

Data sources:

Ministry of Health statistics on expenditures on contraceptives; Donors, NGOs and commercial sector expenditures on contraceptive commodities.

Uses and limitations:

This is a measure of the commitment of resources by a country to its reproductive health programme.

(c) Percentage of service delivery points offering at least two methods of family planning.

Definition:

The number of service delivery points (SDPs) offering at least two methods of contraception as a percentage of all service delivery points offering family planning.

Data requirements:

Different types of contraceptive methods provided at SDPs in a given period.

Data sources:

Service statistics; Facility-based surveys.

Uses and limitations:

It is an indicator of accessibility and availability of family planning services. The number of methods available at SDPs indicates the choices the clients have in practicing family planning.

(d) Percentage of service delivery points (SDPs) which routinely screen and provide referral for infertility

Definition:

The number of service delivery points that routinely offer

screening and provide referral for infertility per 100 health care delivery facilities.

It is calculated as:

$$\frac{\text{Number of SDPs providing screening and referrals for infertility}}{\text{Total number of SDPs}} \times 100$$

Data requirements:

Service statistics; Facility-based surveys

Uses and limitations:

This indicator measures the availability of screening facility for infertility and the provision of referral services. However, the measure does not reflect the quality of services and the personnel needed to deliver the service.

(e) Percentage of trainees provided with knowledge and skills on RH in a given year

Definition:

The number of trainees who received various training programmes on RH as a percentage of the number scheduled for training in a given year.

Data requirements:

List of all training programmes on RH during a given period; and the total number of training programme on RH scheduled during that period.

Data sources:

Records maintained by implementing agencies for administrative purposes.

Uses and limitations:

This indicator serves as a crude measure of determining whether the programme meets its targets or in tracking progress from year to year. However, the unit of measurement may not be strictly uniform, as the type and duration of the training programme may vary.

(f) Percentage of service delivery points stocked with family planning commodities according to needs.

Definition:

The percentage of SDPs having stock levels between their calculated minimum and maximum levels at a given point in time.

Data requirements:

Minimum and maximum levels of stocks for each SDP; and the actual stock levels at a specific point in time.

Data sources:

Service statistics; Facility-based surveys

Uses and limitations:

The indicator provides an overall measure of efficiency of the logistics system.

(g) Number of referral facilities providing essential and emergency obstetric care per 100,000 married women in the reproductive age group

Definition:

The number of referral facilities providing essential and emergency obstetric care per 100,000 women in the reproductive age group (15 to 49 years).

Data requirements:

The number of essential obstetric care referral facilities available; and the number of married women aged 15-49 years.

Data sources:

Health services statistics; Health facility surveys; Census of population.

Uses and limitations:

The indicator measures the availability of facilities towards the reduction of maternal morbidity and mortality. National level indicator may not reflect the disparities at subnational level.

(h) Number of service delivery points offering family planning services per 10,000 women in the reproductive age group.

Definition:

Number of service delivery points offering family planning services per 10,000 women in the reproductive age group (15 to 49 years).

Data requirements:

Number of service delivery points offering family planning services in a specific period and in the specific geographical area; and the number of women in the reproductive age group (15 to 49 years) in the specified period and the specified geographical area.

Data sources:

Health service statistics; Health facility surveys; Population census.

Uses and limitations:

The indicator provides a measure of accessibility and availability of family planning services. It is, however, assumed that the facilities are adequately staffed and have the required commodities and supplies.

(i) Existence of the national population and reproductive health policy

Definition:

This is an "ordinal scale" (yes/no) indicator. The value of "yes" is given if: a) The policy document addresses reproductive health including family planning and sexual health; and b) It reflects clearly the population considerations in development sectors such as health, education, food, housing, etc.

Data requirements:

Approved policy document addressing population and reproductive health.

Data sources:

National population and reproductive health policy document; and National Development Plans addressing population and reproductive health issues.

Uses and limitations:

The indicator reflects the policy environment in which the government is committed in dealing with population and reproductive health issues. It can be used for advocacy for population and reproductive health programmes. The limitation is that the indicator may suffer from subjectivity in interpretation.

(j) Government policy on abortion

Definition:

The existence of any government policy or laws which either permit or restrict induced abortions. If abortion is permitted it may be classified under the following circumstances:

a) Legal and available on request
b) Permitted on broad social and health grounds
c) Permitted on limited health grounds
d) Permitted only for special circumstances (rape, incest)

Data requirements:

Official policy and laws regarding induced abortion.

Data sources:

National policy documents and/or laws.

Uses and limitations:

The indicator reflects the conditions under which access to safe abortion services are permitted and gives information on the environment towards abortion services.

B. Process indicators

(a) Proportion of service providers trained in family planning and reproductive health

Definition:

The number of service providers trained as a percentage of all service providers in family planning and reproductive health during a given perid.

Data requirements:

The number of persons in service delivery points who were trained in family planning and reproductive health during the reference period; and the total number of service providers in the area of family planning and reproductive health.

Data sources:

Service statistics; Records on training programmes.

Uses and limitations:

The indicator provides information on the strength of IEC (information, education and communication) and reproductive health services.

(b) Percentage of births attended by trained health personnel

Definition:

Percentage of births attended by trained health personnel in a given period.

The indicator is calculated as:

$$\frac{\text{Number of births attended by trained health personnel in a year}}{\text{Total number of live births occurred during the same year}} \times 100$$

Data requirements:

Number of births attended by trained personnel during a specific year; and the total number of live births occurred during the same year.

Data sources:

Health service statistics; Birth registration data.

Uses and limitations:

The indicator is useful in assessing maternal and child health programme.

(c) Percentage of clients given counselling on family planning at SDPs during a year

Definition:

The indicator is calculated as:

(h) Percentage of follow-up visits by contraceptive users to the total number of continued users of a particular method

Definition:

Number of recorded clinic visits for follow-up by clients using a specific contraceptive method as a percentage to the total number of continued users of that contraceptive method.

Data requirements:

The number of clinic visits by client to the service delivery points for follow-up advice, management of side effects and complications of a contraceptive method; and the estimated total number of continuous users of that method.

Data sources:

Clinic records; Service statistics

Uses and limitations:

The indicator measures the quality of care and user's satisfaction with the method.

(i) Proportionate share of contraceptives distributed to users by NGOs

Definition:

Number of contraceptive methods distributed by NGOs as a percentage of all contraceptive methods distributed to users during a specified period.

Data requirements:

Distribution of contraceptives to users through NGOs by method; and the total number of contraceptives distributed to users by method from all sources.

Data sources:

Service statistics maintained by government and NGOs.

Uses and limitations:

The indicator provides a measure of the contribution of NGOs to the overall national family planning programme.

C. Output indicators

(a) Contraceptive prevalence rate

Definition:

The proportion of currently married women aged 15-49 years who are currently using a contraceptive method at the time of the survey.

The indicator is calculated as:

$$\frac{\text{Number of currently married women aged 15-49 years using a contraceptive method}}{\text{Total number of currently married women aged 15-49 years}} \times 100$$

Data requirements:

Number of currently married women aged 15-49 years using a contraceptive method; and the total number of currently married women aged 15-49 years; The data should refer to a given point in time. The contraceptive prevalence rate can also be calculated by specific method and by age group if the data are available.

Data sources:

Population-based surveys, such as Demographic and Health Surveys (DHS).

Uses and limitations:

The indicator measures the prevalence of contraceptive use taking into account all sources of supply and methods of contraception available to the target population. It is a widely used indicator to assess the level of contraceptive use in a given population.

(b) Number of new acceptors of modern methods of family planning

Definition:

Number of clients who accept for the first time in their lives any modern method of contraception in a given period, usually one year.

Data requirements:

Records of clients who accept a family planning method for the first time during the given period.

Data sources:

Service statistics

Uses and limitations:

The indicator measures the effectiveness of the family planning programme to attract new clients form the target population. As the contraceptive prevalence rate reaches a high level (e.g. over 70 per cent) the number of new acceptors is likely to decrease because of the fact that most of the eligible couples have been recruited as users.

(c) Percentage of women in reproductive ages with knowledge of the modern methods of contraception

Definition:

Percentage of women in the reproductive age group, 15-49 years, who knows at least one modern methods of family planning.

Data requirements:

Number of women in the reproductive ages with knowledge of contraceptives by methods; and the total number of women in the reproductive ages.

Data sources:

Population-based surveys, such as DHS.

Uses and limitations:

The indicator provides a measure of the level of knowledge or awareness in the target population of different methods of modern

(f) Proportion of children aged 9-12 months who are fully immunized

Definition:

Number of children aged 9-12 months who are fully immunized as a percentage of all children aged 9-12 years in a calendar year.

Data requirements:

Number of children aged 9-12 months who are fully immunized in a given period and the given population; and all children aged 9-12 months during the same period and the same population.

Data sources:

Service statistics; Population census.

Uses and limitations:

The indicator shows the effectiveness of the immunization programme. The "fully immunized" status generally includes immunization with three doses of poliomyelitis, three doses of DPT and measles.

(g) Prevalence of breast cancer among women aged 35 years and over

Definition:

Number of women aged 35 years and over diagnosed with breast cancer during a given period per 1,000 of all women aged 35 years and over.

Data requirements:

Number of women aged 35 years and over who are clinically

diagnosed with breast cancer; and the number of women aged 35 years and over in the population screened.

Data sources:

Service statistics from health facilities providing diagnostic and management service for breast cancer.

Uses and limitations:

As a measure of prevalence of breast cancer the indicator provides the magnitude of the problem in the target population during a given period. The indicator facilitates prevention and treatment efforts of breast cancer. The data may be subject to underreporting as the entire eligible population in the target population may not be screened.

(h) Unmet need for family planning

Definition:

The proportion of currently married women aged 15-49 years who do not want any more children during the next two years but are not currently using any method of contraception.

Data requirements:

Desire for additional children of currently married women aged 15-49 years in the future (next two years); and current contraceptive use status of these women.

Data sources:

Population-based surveys, such as DHS.

Uses and limitations:

The indicator provides a measure of the latent demand for family planning. It indirectly shows the extent of accessibility and availability to family planning services.

(i) Mean desired family size

Definition:

The average number of children that women of reproductive age would choose if they could have exactly the number of children desired.

Data requirements:

Desired number of children by women of reproductive age.

Data sources:

Population-based surveys, such as DHS.

Uses and limitations:

It is a widely used indicator of fertility preference. This indicator is subject to errors such as inability or unwillingness on the part of the respondents to quantify their fertility desires.

D. Impact indicators

(a) Total fertility rate (TFR)

Definition:

Total number of children a woman would have by the end of

her reproductive period if she experienced the currently prevailing age-specific fertility rates throughout her childbearing life.

Data requirements:

Number of live births occurred during a reference period classified by five-year age group of women; and the total number of women classified also by five-year age group.

Data sources:

Vital registration; Population census; Population-based surveys, such as DHS.

Uses and limitations:

TFR is one of the most widely used fertility measures to assess the impact of family planning programmes. The measure is not affected by the age structure of the female population.

(b) Maternal mortality ratio

Definition:

Number of women who die as a result of childbearing in a given year per 100,000 live births. Maternal deaths are those caused by complications of pregnancy and childbirth.

Data requirements:

Number of maternal deaths occurred during a given period and given population; and the total number of live births during the same period and same population.

Data sources:

Vital registration; Health survey.

Uses and limitations:

The indicator is widely used as a measure of maternal health. It is also used to indirectly assess the effectiveness of antenatal and post-natal care for mothers.

(c) Neonatal mortality rate

Definition:

Number of infant deaths up to 28 days after delivery per 1,000 live births.

Data requirements:

Number of infant deaths occurred up to 28 days after delivery; and the total number of live births.

Data sources:

Vital registration; Population-based survey, such as DHS.

Uses and limitations:

The indicator provides a measure of immediate post-natal care. However, the indicator may be underestimated as newborn babies who die within few hours after birth may not be reported.

(d) Induced abortion rate

Definition:

Number of induced abortions per 1,000 women aged 15-49 in a given year.

Data requirements:

Number of induced abortions in a given period; and the total number of women aged 15-49 during the same period.

Data sources:

Population-based surveys; Population census.

Uses and limitations:

The indicator shows the extent to which unwanted pregnancies occur in the population. The number of induced abortions may be underreported in countries where abortion is not legal.

(e) Adolescent fertility rate

Definition:

Number of live births per 1,000 women aged 15-19.

Data requirements:

Number of live births occurred to women aged 15-19; and the total number of women in the same age group.

Data sources:

Vital registration; Population census; Population-based surveys, such as DHS.

Uses and limitations:

The indicator shows the prevalence of adolescent childbearing.

(f) Infant mortality rate

Definition:

Number of deaths to infants under one year of age per 1,000 live births in a given year.

Data requirements:

Number infants less than a year old who died during a given year; and the total number of live births occurred during the same year.

Data sources:

Vital registration; Population census; Population-based surveys, such as DHS.

Uses and limitations:

The indicator provides a measure of antenatal and post-natal care to mothers and infants. This is considered as a good indicator of the health status of a given population.

(g) Perinatal mortality rate

Definition:

Perinatal deaths comprise still births plus early neonatal deaths (infants dying within 7 days). It is defined as the number of perinatal deaths per 1,000 live births.

Data requirements:

Number of still births and infant deaths occurred within the first 7 days in a given year; and the total number of live births occurred in the same year.

Data sources:

Vital registration; Population-based surveys, such as DHS.

Uses and limitations:

The indicator directly reflects prenatal, intrapartum and neonatal care and therefore, gives an indication of the quality of maternal and child health services. However, accurate data on still births and early infant deaths may be difficult to obtain.

(h) Annual population growth rate

Definition:

The rate at which a population is increasing (or decreasing) in a given year due to the contribution of natural increase and net migration, expressed as percentage of the base population.

The indicator is calculated as:

a) The average annual rate of population growth can be calculated from two points in time (e.g. two national population censuses) using the following formula:

$$P_n = P_o(1 + r)^n$$

Where P_o = Population at the beginning of period
P_n = Population at the end of period
r = Average annual rate of population growth
n = Duration in years

b) Rate of natural increase

$$CBR - CDR = RNI$$

Where CBR = Crude birth rate
CDR = Crude death rate
RNI = Rate of natural increase
(usually expressed as a per cent)

In a population where net migration is negligible, the above method can be employed as a close approximation to the rate of population growth.

Data requirements:

Number of live births, deaths and mid-year population during a calendar year. It can also be calculated from data available at two national population censuses.

Data sources:

Vital registration; Population censuses.

Uses and limitations:

It is one of the most widely used indicators to assess the overall impact of family planning programmes.

(i) Life expectancy at birth

Definition:

Average number of years a newborn child would be expected to live if the child is subject to the age pattern of mortality prevailing at the time of its birth.

Data requirements:

Age-specific death rates by sex.

Data sources:

Vital statistics; Population census.

Uses and limitations:

It is an age-standardized mortality rate. The indicator is widely used as a measure of the general level of mortality in a population.

(j) Prevalence of RTIs/STDs by type in a defined target population

Definition:

The number of persons diagnosed with a specific reproductive tract infections (RTIs) or sexually transmitted diseases (STDs) at a given point in time per 100 persons in the target population.

Data requirements:

Number of persons diagnosed either by clinical examination or laboratory tests with a specific STD at a given point in time; and the total number of persons screened.

Data sources:

Special laboratory-based surveys; case and laboratory reports from clinicians and diagnostic laboratories.

Uses and limitations:

The indicator provides the prevalence of RTIs/STDs in the target population. It is useful to assess the impact of RTIs and STDs control programmes.

(k) Prevalence of HIV infection in a defined target population

Definition:

The number of persons diagnosed with an HIV infection at a given point in time per 1,000 persons in the target population.

Data requirements:

Number of persons diagnosed with HIV infections at a given point in time and in the specific group; and the total number of persons in the target population group screened.

Data sources:

Special serologic surveys (i.e. blood supply screening activities or sentinel surveillance).

Uses and limitations:

The indicator provides the prevalence of HIV infection in the target population. It is useful to assess the impact of HIV/AIDS control programmes.

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APPENDIX

I. INDICATORS FOR POLICY AND ADMINISTRATIVE PROCEDURES RELATED TO REPRODUCTIVE HEALTH[1]

A. Policies Administrative Procedures

Input Indicators

National policy specifying written standards of quality of care for:

i. FP information services
ii. Maternal care
iii. Prevention and management of RTIs and STDs
iv. Abortion care
v. Treatment of abortion complications
vi. Provision of post-abortion FP counselling and services

Legislation or policy that prohibits provision of family planning to persons who are:

i. Unmarried
ii. Below a given age
iii. Without spousal and/or parental consent

National policy for the provision of reproductive health care in

i. Family planning
ii. Maternal care
iii. STD/RTI programmes

Provisions for:

i. Enquiries/audits into maternal deaths
ii. Special measure(s) to reduce maternal mortality

[1] These indicators are adopted from UNFPA (1997), Indicators for Population and Reproductive Health Programmes, New York: Technical and Evaluation Division.

National strategic plan to prevent and control RTIs and STDs, including HIV-AIDS

Provision to protect the basic rights of HIV infected individuals with reference to:

i. Employment
ii. Marriage/divorce
iii. Travel

Legislation about age at first marriage by sex:

i. Does a legal minimum age exist?
ii. What is the legal minimum age?
iii. Is the legal minimum age enforced?

B. Family Planning Indicators

Input Indicators

Ratio of contraceptive methods available at SDPs to number of method officially approved by the programme

Percentage of SDPs with availability of:

i. Sterilized instruments
ii. Safely treated water

Number of contraceptive stock-outs within last six months

Process Indicators

Percentage of population within one hour walk from FP service delivery point

Percentage of FP SDPs with provision of RTI/STD services

Percentage of post-partum women (six weeks after delivery) offered FP

Output Indicators

Percentage of married women of reproductive age who want to postpone or stop child-bearing and who are not currently using any contraceptive method

Percentage of clients asked about their:
i. Reproductive intentions
ii. Concerns about contraceptive methods

Adolescent (<age 20) fertility rate

C. Maternal Health Indicators

Input Indicators

Percentage of SDPs able to provide basic obstetric care

Percentage of subnational level area hospitals able to provide C-sections and blood transfusions

Percentage of pregnant women attended at least once by trained health personnel

Percentage of deliveries that are C-section

Output Indicators

Percentage of delivering women who developed obstetric complications and received emergency obstetric care

Percentage of deliveries that are C-section

Percentage of pregnant women attending antenatal services who received

i. Iron/folate (100 tablets)
ii. Tetanus immunization (two doses)

Percentage of pregnant women receiving maternal services expressing satisfaction with:

i. Prenatal care
ii. Delivery services
iii. Post-natal care

Percentage of health personnel given in-service training over the past two years

D. Reproductive Tract Infection and Sexually Transmitted Disease Indicators

Process Indicators

Percentage of SDPs offering condoms

Percentage of SDPs offering diagnosis and treatment of:

i. Syphilis
ii. Gonorrhea
iii. Chlamydia

Percentage of SDPs offering
i. Pap smears at secondary/ tertiary facilities

Availability of counselling services for sexual health

Output Indicators

Prevalence of RTIs/STDs among women attending gynaecological clinics

Estimated prevalence of HIV among adolescents, men and women

Prevalence of urethral discharge among men aged 15-49

Percentage of clients expressing satisfaction with RTI services

Percentage of RH workers who have been provided with in-service training in the past two years

E. Abortion and Post-Abortion Care Indicators

Process Indicators

Percentage of women
i. Having a legal abortion who are referred for post-abortion FP counselling and services
ii. Treated for abortion complications
iii. Referred for post-abortion FP and services

Availability of in-service training on post-abortion FP counselling for health providers

Output Indicators

Annual number of:
i. Legal abortions
ii. Estimated illegal abortions

Percentage of obstetric and gynaecological admittances due to abortion complications

Percentage of hospitals/clinics with personnel trained to treat abortion complications

F. Infertility Indicators

Process Indicators

Percentage of women aged 20-44 who:
i. Have never been pregnant or
ii. Have had at least one pregnancy in the past and want to become pregnant, are not using contraception and have not become pregnant during past two years

G. Harmful Practices Indicators

Output Indicators

Estimated prevalence of women who have been genitally mutilated

Sex ratio of births

Implementation of policy measures to:

i. Eliminate female genital mutilation
ii. Eliminate prenatal sex selection and sex-selective abortion

Prevalence of wasting and stunting by sex (ratio)

H. Indicators for Clinic-based Counselling Services

Input Indicators

Percentage of SDP offering counselling services

Output Indicators

Percentage of service providers trained in counselling techniques/ interpersonal skills

Percentage of SDP clients expressing satisfaction with the counselling services received

I. Indicators for Media Promotions

Input Indicators

Existence of national strategy for IEC in support of the RH/FP/ population programme

Process Indicators

Number of media programmes/materials used for RH/FP/population campaigns:

Frequency of media campaigns in support of RH/FP/Population programme

Use and type of media, outside of the clinic setting, to disseminate information on RH/FP/population issues

Output Indicators

Level of media promotions in support of RH/FP/population programmes

J. Indicators for Community Involvement and Outreach

Process Indicators

Number and types of IEC interventions/ directed at NGOs and community leaders:

Percentage of NGOs with health/FP programmes offering integrated RH services

Percentage of community leaders supporting RH/FP programmes

Output Indicators

Percentage of households visited by health workers

K. Indicators for Capacity-building of Personnel

Output Indicators
Percentage of service providers trained in counselling/interpersonal communication skills
Percentage of media personnel trained in RH/population reporting:
Percentage of RH/FP personnel trained in i. Media/public relations/production of radio/TV programmes ii. Planning and management of IEC programme iii. IEC research/evaluation

L. Indicators for Knowledge, Attitude and Practice of Reproductive Health Family Planning

Output Indicators
Percentage of IEC target audience who can name at least one specific contraceptive method
Percentage of IEC target audience who knows at least two methods to prevent STD/HIV infection
Percentage of IEC target audience that can name one RH/FP service delivery point
Percentage of IEC target audience that approves of using contraception
Percentage of target audience that has discussed RH, STD/HIV and sexual issues with their partners
Percentage of target audience using contraception

M. Indicators for Population Education

Output Indicators
Percentage of students who know about key population issues
Percentage of students who know about RH issues
Percentage of students having received family life education
Percentage of students knowledgeable about major gender issues
Percentage of students who know how to prevent STDs and HIV/AIDS
Percentage of school teachers trained in target areas to teach Population Education
Percentage of students who have taken courses with population contents

N. Other Advocacy/IEC Indicators

Process Indicators
Allocation of resources to RH as percentage of total health budget
Percentage of SDPs offering integrated RH services
Output Indicators
Number of organization/membership of coalitions formed to achieve advocacy objectives
Users of male methods as percentage of all contraceptive users

II. QUALITY OF CARE INDICATORS[2]

A. Quality of Care in RH Services for Women - Context and Process Indicators

Type of indicator	Indicators
Judicial framework (Context)	Legal regulation to prevent abuse regarding caesarean section and sterilization.
	Existence of training programmes on quality of care aspects and gender approach for health staff.
Education/Communication/ Services (Process)	Existence of training programmes on quality of care aspects for health staff.
	Existence of RH programmes for women incorporating aspects other than family planning and maternal/infant care.
	Availability of contraceptive methods. Possibility to choose (broad offer and affordability).
	Existence of programmes/regulations incorporating and operationalizing sexual and reproductive rights.
Resources allocated (Process)	Availability of financial resources for training on quality of care and gender approach.
	Amount of financial resources allocated to structure/inputs.

[2] Extracted from "The Cairo Consensus: Women Exercising Citizenship through Monitoring - The Cairo+5 Process" LACWHN, December 1998.

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III. ADOLESCENT RH INFORMATION AND SERVICES INDICATORS

A. Access of Adolescents to Information and Services - Context and Process Indicators

Type of indicator	Indicators
Judicial framework	Judicial legal norms on sex education.
	Judicial legal norms on the treatment of pregnant adolescents at school.
Education/ Communication/ Services	Regulations and RH care programmes exclusively for adolescents.
	Number of centres for exclusive adolescent services.
	Existence of networks for distribution of condoms in places visited by adolescents.
	Training courses in adolescent care.
	Sex education programmes for adolescents in the formal education system.
	Non-formal sex education programmes and activities for adolescents.

B. Access by Adolescents to Education and Services: Impact Indicators

Indicators
• Percentage of adolescent births
• Number of adolescents seen in RH services
• Percentage of adolescents covered by sex education programmes
• Percentage of maternal deaths among adolescent women