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Selecting Reproductive Health Indicators:

A guide for district managers

Field-testing version

Division of Reproductive Health (Technical Support)
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
World Health Organization

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PREFACE

Over the last few years there has been a huge amount of work on the development of reproductive health indicators, particularly since the International Conference on Population and Development (ICPD) in 1994. Many of these initiatives have generated compilations of indicators without any clear description of how selection criteria were used. Demand for indicators has generally outstripped the supply of necessary data and few developing countries have the data generation capabilities required to report on many of the indicators currently defined for monitoring reproductive health status and progress.

At the local level it has been recommended that countries should select indicators most appropriate to their needs and capacity for data collection (Graham and Macfarlane, 1997). In a context defined by a general shortage of health information, particularly at community level, the proliferation of reproductive health indicators is a matter of concern to the extent that it tends to impose unwelcome reporting burdens on national data collection systems. The indicators proposed are not necessarily appropriate or feasible, and often result in unrealistic requirements for data collection, particularly at a district level.

Concern about the proliferation of indicators and their implications at national level led WHO to initiate a series of activities designed to strengthen national capacities to identify and generate reproductive health indicators. As a first step in the work, in May 1996, WHO convened an informal meeting bringing together technical experts in the field of reproductive health indicators with national health managers who have particular responsibilities in monitoring and evaluating reproductive health programmes. A first outcome of the meeting was the development of this short guide for national and district level programme managers and health planners to assist them in selecting which indicators they will monitor from the vast array currently proposed. This guide lists a series of criteria which should be applied to any indicator before it is selected for monitoring.

REQUEST TO READERS

Reproductive health indicators are required to assess needs, to monitor whether programmes are implemented effectively, and to evaluate programme impact within the district. Although much work has gone into the definition and use of indicators at national and international levels, the specific needs at district level have been neglected.

The availability of published lists of reproductive health indicators can drive the selection process and often results in unrealistic requirements for data collection, particularly at a district level. These guidelines promote a more critical approach to the selection of reproductive health indicators by encouraging health managers to take into account the practicalities of data collection in the district.

The success of these guidelines must be judged by their intended audience - district health managers. This first version should be regarded as a work-in-progress. Appropriate revisions, however, need to be done on the basis of feedback from users. In Annex 3 of the guidelines an evaluation form is provided, and all users are encouraged to use this to document their experience.

Please return the form to:

Division of Reproductive Health
World Health Organization
1211 Geneva 27
Switzerland

INTRODUCTION

> *Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.*
>
> ICPD Programme of Action 1994 (paragraph 7.2)

Reproductive health is now widely regarded as a priority area throughout the world. It affects the lives of women and men from conception to birth through adolescence to old age, and includes both the attainment and maintenance of good health as well as the prevention and treatment of ill-health.

The attainment of reproductive health by populations requires:

- an enabling environment - politically, legally and culturally;
- the empowerment of individuals with knowledge on how to promote and protect their own reproductive health;
- the provision of a wide-range of high quality health services - accessible, appropriate, affordable and effective.

These requirements, in turn, require the participation of many different groups - the government, the private sector, non-governmental organizations and, of course, the people themselves who are seeking reproductive health. Indicators are needed to assess and chart all three requirements. This report focuses on the health service component.

Most countries have long provided services relevant to reproductive health, such as family planning and maternity care, but often these function independently of each other. The challenge now and into the 21st century is to integrate and develop comprehensive reproductive health programmes.

With the trend towards decentralisation, responsibility for the planning and management of health programmes is placed in what is commonly referred to as the “district”. Indicators are required to assess need, to monitor whether programmes are implemented effectively, and to evaluate programme impact within the district. Although much work has gone into the definition and use of indicators at national and international levels, the specific needs at a district level have been neglected.

The purpose of these guidelines is to assist district level managers of reproductive health programmes to identify those indicators which are most useful to service development in their district.

Why are these guidelines needed?

With the expansion and evolution of services addressing reproductive health there has been a massive growth in the number of potential indicators. Lists of indicators available for global use are not necessarily appropriate for use in districts. Whereas many lists of reproductive health indicators have been produced, the indicators therein are not necessarily appropriate or feasible, and often result in unrealistic requirements for data collection, particularly at a district level. These guidelines promote a more critical approach to the selection of indicators by encouraging health managers to take into account the practicalities of data collection in the district.

The introduction and use of indicators involves several stages:

- selection of appropriate indicators
- collection of data
- calculation and interpretation of indicator values
- action.

These guidelines take the district manager through the process of selecting appropriate indicators. The selection process will be repeated from time to time to reassess the list of indicators in light of experience gained during data collection and use. The guidelines do not recommend any specific indicators, nor do they provide any lists of indicators. Some useful references are given in Annex 2.

The guidelines are likely to be most useful when:

- reviewing and developing current services
- integrating existing services
- developing new service areas.

Who are these guidelines for?

The primary users of the guidelines will be district level managers charged with responsibility for

- co-ordinating and integrating reproductive health services,
- providing specific reproductive health services, or
- collecting information to evaluate reproductive health programmes.

The selection of indicators is likely to be a group activity, bringing together professionals involved in the various components of the reproductive health programme and in the collection and use of health information.

The principle on which this document is built is one of making maximum use of existing information sources in order to generate indicators. National indicators should therefore be selected from among those used at a district level. This means that at least a core set of indicators is gathered across all districts to enable a valid national picture to be constructed, and this requires co-ordination between the managers of reproductive health programmes at the district and the national level.

THE NEED FOR REPRODUCTIVE HEALTH INDICATORS

What is a health indicator?

> *Health indicators summarise data which have been collected to answer questions relevant to the planning and management of health programmes. They can be useful tools for assessing needs, monitoring and evaluating programme implementation and impact.*

Indicators can be used:

- to monitor changes over time; for example, the changing proportion of individuals presenting with STDs in health facilities in the district who are assessed and treated in an appropriate way.

- to monitor differences between population sub-groups, i.e., by sex, parity or age; for example, the proportion of births attended by skilled birth attendants among women with different levels of education in the district.

- to monitor achievement towards targets; for example, the number of pregnant women receiving iron and folate tablets in relation to all pregnant women in the district and compared to the targeted ratio.

- to monitor differences between facilities geographically; for example, the proportion of unbooked deliveries in different health centres across the district.

Most indicators should be regarded as indicative or suggestive of problems or issues needing action rather than as specific diagnostic tools. For example, identifying a downward trend in the proportion of antenatal mothers receiving tetanus toxoid will in itself not tell why this has happened. Indicators therefore often act as a stimulus for other activities, such as a review of the availability of vaccines at all facilities in the district.

The subject of interest captured in an indicator may be:

- the occurrence of an event e.g. a live birth; a maternal death; a pregnancy complication;

- the prevalence of a characteristic in a person e.g. use of a contraceptive method by a woman; low birth weight in a baby;

- the prevalence of a characteristic in a health facility e.g. health centres which provide antenatal care; hospitals undertaking caesarean sections.

Most indicators are expressed in terms of absolute numbers, rates, proportions, averages or categorical variables (ie. presence or absence), as seen below:

Type of indicator	Unit of measurement	Example
Number	Absolute number in a geographical area or defined population	· Number of maternal deaths · Number of health facilities providing essential obstetric care
Rate	Rate per unit of population per unit of time	· Deaths due to postpartum haemorrhage as a percentage of all cases of postpartum haemorrhage per year · Neonatal deaths per 1000 live births per year
Proportion	Proportion at a point in time (often expressed as a percentage)	· Pregnant women, in a given year, immunised against tetanus divided by all pregnant women in that year · Clients appropriately managed for STDs, in a given month, divided by all clients attended in that month
Average	Average at a point in time	· Average age at marriage in 1990 · Life expectancy at birth in 1990
Category	Categorical measure at a point in time	· Existence of a policy addressing reproductive health · Existence of a law against female genital mutilation

What are reproductive health indicators used for?

- **Needs assessment**: to assess the current status of reproductive health in the population or in a specific sub-group (e.g. the prevalence of syphilis among pregnant women; the extent of domestic violence against women) in order to plan which programme areas need development or improvement.
- **Monitoring**: to monitor the implementation and outputs of a programme to ensure it is on-track, or to monitor policy commitment (e.g. a health education programme to control the spread of STDs; the training of traditional birth attendants).
- **Evaluation**: to evaluate the effectiveness and impact of a programme aimed at improving reproductive health and/or achieving specific targets (e.g. a reduction in maternal mortality; a reduction in adolescent pregnancies).

Having decided on what the main needs are for indicators, it is important to identify the more specific uses. Which programme areas should be assessed? Which aspects need to be monitored? Which effects can be evaluated at the district level as opposed to the national level?

This last question again emphasises the need for co-ordination with health managers at the national scale. Some events, such as maternal deaths, may be too rare to be used to evaluate the effectiveness of programmes at a district level but may be valid on a country-wide scale. By comparison, maternal deaths in health facilities can be a useful indicator for monitoring the quality of obstetric services.

In many situations, the main need for indicators by district health managers will be for monitoring

SELECTING REPRODUCTIVE HEALTH INDICATORS

Why is it necessary to select reproductive health indicators?

- All indicators have data requirements which may place a significant burden on service providers. The selection process encourages utilising existing data and data sources, and so can help to avoid overloading health workers with data collection activities.

- The critical review of indicators implicit in the selection process highlights possible alternative uses of the data available. For example, information from antenatal clinics in a district may be used to produce an indicator of the number of visits made by pregnant women, but a more useful indicator from the same source could be the proportion of pregnant women having their first visit before the third trimester.

- The comparison and reconciliation of indicators selected by different districts is essential to the selection of national level indicators, and will encourage districts to regularly review their own choice and use of indicators.

- The selection process can help to flag those programme areas of reproductive health for which data are lacking and indicator development is needed.

- Many indicators have not been field-tested nor their validity assessed; the selection process emphasises the need for high quality indicators and discourages the use of inadequately tested and validated indicators.

Who should be involved in the selection process?

The selection of reproductive health indicators should be undertaken as a group activity, and the choice will largely depend on local circumstances. When there are several well-developed programme areas, it may be preferable to involve individuals from each of these - with each undertaking the process semi-independently. This will still require a coordinator or small steering group to guide the overall effort and to tackle the issue of complementarity across the programme areas.

The coordinator or steering group should also explore the potential for involvement of the consumers or users of services, whose own views on indicators of, say the quality of care, may be quite different from those of the providers.

The process of selecting indicators at the district level should also be done in consultation and collaboration with other districts and with the reproductive health managers at the national scale.

How long will the selection process take?

It is important that adequate time and resources (such as budget for travelling to data collection points) are put aside, and that the process is given full support at a senior level

This is not likely to be a quick process if it is to be conducted thoroughly. Considerable time may be spent in identifying the main routine sources, as well as community- or population-based data and then in assessing and collating the data.

How does the selection process work?

Figure 1 summarises the stages in identifying and selecting a set of indicators for the reproductive health programme in your district. Annex 1 contains the forms which are referred to in Figure 1; these can easily be reproduced, extended or adapted for your specific local use.

STEP 1: Make an inventory of programme areas covered by the current reproductive health programme in the district. Break these down into a number of programme areas, similar to those listed on Form 1. Indicate whether each programme area is operational. Comment on the comprehensiveness of each programme area; for example, target population, scope and the length of time each programme has been operational.

STEP 2: Collect copies of all relevant summary report forms currently used by the district's health administration. Visit the district's health information office and all other relevant data collection and reporting points, such as the district hospital records department. In addition to data routinely gathered, identify any ad hoc or periodic sources, particularly those collecting community- or population-based information for the district. For example, household surveys, which could provide figures for the denominator of key indicators, such as the number of women of reproductive age in the district.

Identify the indicators, which are available from these different sources, relevant to the reproductive health programme areas. List these on Form 2 according to their source. Use one form for each programme area which is operational in the district.

STEP 3: Review each of the indicators in Form 2 according to the following criteria and note them on their corresponding forms 3a to 3f

- useful (3a)
- accessible (3b)
- ethical (3c)
- robust (3d)
- representative (3e)
- understandable (3f).

These criteria and their rationale are outlined in Figure 2. The indicators that fulfill the rationale of the criteria should be noted on the relevant form and the justification given.

Figure 1

STEPS IN SELECTING INDICATORS

STEP 1
List the reproductive health programme areas which are functioning in your district
(Form 1)

STEP 2
Locate all the relevant sources of data in your district, and identify the indicators available from these according to programme area
(Form 2)

STEP 3
Take each programme area separately and decide which of the indicators listed are:
(Forms 3a-f)
Useful
Accessible
Ethical
Robust
Representative
Understandable

STEP 4
Select available indicators for each programme area
(Form 4)

STEP 5
Select new indicators for each programme area
(Form 5)

STEP 6
Assess the extent to which the data collection system currently in place enables the selected indicators to be generated
(Form 6)

STEP 7
Review the complementarity of the selected indicators across the programme areas and identify gaps
(Form 7)

STEP 4: On Form 4 list all indicators appearing on any of the sheets 3a-f using one form for each programme area. For each indicator note whether the criteria were met. A decision now needs to be made on whether all the criteria are equally important, and how many criteria must be met before an indicator is selected. For example, "useful" may be identified as an essential criterion, however it may be decided that the indicator must still meet at least two other criteria before it can be chosen. There is no right or wrong approach to this step. The group should decide locally how to use the criteria, although generally speaking, the simpler the approach the better.

On Form 4 note the approach chosen and why. It is important that those involved in this step feel a sense of ownership of the approach adopted, and would be able to explain and justify it in the consultations which will follow later (step 6) with other districts and at the national level.

STEP 5: At this stage the group needs to spend some time reflecting on the list of indicators identified. All of these indicators are, by definition, available from existing sources. However, it is possible that the same sources can be used to generate additional indicators which meet all the selection criteria. These indicators may be preferable to those selected so far and fill gaps in the information available to health planners. The key references mentioned in Annex 2 will also help to flag additional indicators.

Using Form 5 write down these new indicators and consider whether they meet the selection criteria mentioned in step 3. Then, applying the same approach as that used for Form 4, decide whether they should be selected or rejected.

STEP 6: Having selected the indicators the group should assess to what extent the data collection system currently in place enables these indicators, from both Form 4 and 5, to be generated **accurately** and reported **on time**. This will involve liaison with several sections of the district's health administration, and may lead to proposals to change the system and introduce new data and/or methods, such as the use of EPI cluster surveys to generate community-based data for key selected indicators. Form 6 should be used to summarise the definitions and data requirements of each indicator selected, together with the implications for the health information system.

STEP 7: A final step should involve an appraisal of the balance in the indicators selected, both within and across the programme areas in the district. Which aspects of reproductive health are well covered in the indicators identified? For which aspects of reproductive health are there insufficient indicators? Use Form 7 to determine if any imbalance in their distribution is justifiable (for example, a much larger number of indicators for, say family planning, than for the other areas). Some indicators may be selected for use across more than one programme area. In this case it would efficient to pool the effort involved in data collection and analysis across programme areas.

Figure 2 - CRITERIA FOR SELECTION OF INDICATORS

Which of the indicators are useful?	A **useful** indicator is one for which follow-on action within the district is immediately apparent. For example, the indicator 'case fatality rate amongst women with post-partum haemorrhage' could be used to monitor improvements in the blood transfusion service or the referral system for obstetric emergencies.
Which indicators are accessible?	An **accessible** indicator is one which is readily available in a usable format and at appropriate time intervals. For example, information may be reported to different sections of the district health administration, so making an indicator constructed from these data less accessible. The criteria of accessibility will reflect closely the source of data. These guidelines highlight the importance of using routine sources since, generally speaking these will be the most readily accessible to the district health manager. Routinely collected data do, however, have drawbacks - sometimes related to representativeness (see criteria below) and sometimes the data are not aggregated or summarised to a point where indicators can be produced.
Which indicators are ethical?	An **ethical** indicator is one for which the gathering, processing and presentation of the data it requires are ethical 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. Reproductive health encompasses many sensitive issues and the data needed to reflect these issues also requires a level of sensitivity, particularly during the collection process. Judging whether an indicator is ethical or not thus depends not only on an understanding of the process of generating the basic data, but also of the context in which this will take place and the safeguards to preserve the rights of individuals. Surveys on sexually transmitted infections, sexual behaviour and HIV require special attention to issues of informed consent and confidentiality. Where an indicator requires screening for a condition e.g. for cervical cancer, this may also be regarded as unethical if there are no resources available for follow-up and treatment, since the data collection is unlikely to have secured informed consent.
Which indicators are robust?	**Robustness** reflects the scientific qualities of an indicator in terms of whether it is valid, specific, sensitive and reliable. A robust indicator is one which actually measures the issue or factor it is supposed to measure. A specific indicator is one which only reflects changes in the issue or factor under consideration; for example, the indicator 'the existence of a national policy statement on the need to address female genital mutilation' specifically indicates the government's position on this reproductive health issue. A sensitive indicator is one which has the ability to reveal changes in the issue or factor of interest; for example, the indicator 'the perinatal mortality rate' is sensitive because it can pick up changes in the frequency with which perinatal deaths occur. Unfortunately, it is not possible to have indicators which are both highly sensitive and highly specific, since these qualities work in opposite directions. For example, although the proportion of live births which are low birth weight is a sensitive indicator - being responsive to secular trends, it is not very specific since a whole of range of factors could have been responsible for the change. 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.
Which indicators are representative?	A **representative** indicator is one which adequately encompasses all the issues or population groups it is expected to cover; for example, the indicator 'percentage of health facilities in the district providing antenatal care' is a representative indicator since it reflects the situation across all facilities. The indicator 'prevalence of severe anaemia in pregnant women' would not be representative unless all pregnant women had their blood tested during pregnancy. One of the biggest drawbacks to using routinely-gathered information from health facilities in order to generate indicators is selection bias. In situations where services are not accessible, affordable and acceptable to particular groups of the population, routine data will not reflect their health problems or needs, and it is easy to see how these groups can become essentially invisible. This is one of the reasons why it is important to have some data from community-based sources, such as surveys, and to have an estimate of the total population of the district since this should form the denominator of any population-based indicators.
Which indicators are understandable?	An **understandable** indicator is one which you would find easy to define and describe its meaning, and easy to interpret; for example, the indicator 'couple years protected' is an indicator often used to monitor or evaluate family planning programmes but many users find it hard to understand. The indicator 'contraceptive prevalence rate' on the other hand is more straightforward, both to define and interpret.

This process will also highlight those programme activities for which there is currently a serious lack of indicators. Consider how these gaps could be filled, perhaps by forming a small working party which starts by looking at the preconditions to attaining reproductive health which were highlighted earlier:

- an enabling environment - politically, legally and culturally;
- the empowerment of individuals with knowledge on how to promote and protect their own reproductive health;
- the provision of a wide-range of high quality health services - accessible, appropriate, affordable and effective.

These requirements should be reflected in the reproductive health programme areas operational in the district and monitored using indicators. The working party could usefully meet with their counterparts from other districts and national level programme managers to pool ideas on possible new indicators, and on potentially useful sources of information which fall outside of the jurisdiction of the health administration (for example, sources maintained by the Department of Education on adolescent health, the Department of Agriculture on nutritional status, or a local non-governmental organisation on domestic violence).

When the seven steps have been completed the components of the reproductive health programme, the indicators available and the justification for their selection will have been documented, and programme areas needing further indicator development identified.

The process will have also highlighted changes needed in the routine information system. These changes may involve the addition of new data items, the deletion of redundant ones, and the improvement of the quality (coverage, reliability, and completeness) of data items which will continue to be collected. The possible need to develop new sources of information and/or the use of new methods of data collection will also be raised by the selection process.

FOLLOW-ON ACTIVITIES

The selection of indicators is neither a one-off exercise nor an end-point. The selected indicators should be regarded as “on trial” and their worth and value to your needs, as discussed in Section 2, should be regularly reviewed.

As new programme areas develop and as existing ones evolve, so the needs for different types of indicators will also shift. The aim is to achieve continuity in order that changes can indeed be monitored, but also to keep an open mind on deleting indicators which no longer meet the selection criteria and on the addition of new indicators which deserve selection. An annual review of the performance of indicators would be one way to achieve this, and this could perhaps be the stimulus for producing an annual report on reproductive health for the district.

The selection process is of course only the start-point for a whole series of activities involving data collection, management, analysis, interpretation, and report generation and Form 7 introduced some of these.

In particular, indicators are primarily used to compare - be this over time, between geographical areas or population groups, or between achievements and targets. Such comparisons are dependent on the availability of more than one instance of reporting on the indicator - either at more than one point in time, or across more than one area or health facility, or between more than one population sub-group.

The extent to which these comparisons can be and are carried out, as well as the actions which result, are also markers of the success of the indicators of reproductive health which you have selected with the aid of these guidelines.

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ANNEX 1

SAMPLE FORMS FOR SELECTING INDICATORS

Form 1 Which reproductive programme areas are functioning in your district?

Form 2 Which indicators are currently generated from existing sources of information?

Form 3a Which of the indicators listed on form 2 are useful?

Form 3b Which of the indicators listed on form 2 are accessible?

Form 3c Which of the indicators listed on form 2 are ethical?

Form 3d Which of the indicators listed on form 2 are robust?

Form 3e Which of the indicators listed on form 2 are representative?

Form 3f Which of the indicators listed on form 2 are understandable?

Form 4 Which available indicators should be selected?

Form 5 Which new indicators should be selected?

Form 6 What are the data requirements of each selected indicator?

Form 7 Do the selected indicators on Forms 4 and 5 adequately represent the reproductive health programme areas functioning in the district?

FORM 1 WHICH REPRODUCTIVE PROGRAMME AREAS ARE FUNCTIONING IN YOUR DISTRICT?

Reproductive health programme areas	**Operational ? (Yes/No)**	**Who does the programme target? What does the programme do? How long has it been operational?**
Safe Motherhood: Antenatal care Clean/safe delivery/intrapartum care Postnatal care Emergency obstetric care		
Family Planning		
Management of complications of unwanted pregnancies		
Prevention and management of STDs/HIV/AIDS		
Adolescent reproductive health		
Maternal nutrition		
Female genital mutilation		
Violence against women		
Screening and treatment of cancers of the reproductive system		
Promotion of positive sexual health		
Health of the newborn		

FORM 2 WHICH INDICATORS ARE CURRENTLY AVAILABLE FROM EXISTING SOURCES OF INFORMATION?

Reproductive Health Programme area: _____

Indicator	Data items used to generate indicator	Source(s) of data

FORM 3a WHICH OF THE INDICATORS LISTED ON FORM 2 ARE USEFUL?

Reproductive Health Programme area: _____

Useful indicators	What types of action could follow-on from having this indicator?

FORM 3b WHICH OF THE INDICATORS LISTED ON FORM 2 ARE ACCESSIBLE?

Reproductive Health Programme area: _____

Accessible indicators	What is the data source(s) for this indicator?	How frequently is the indicator reported?

FORM 3c WHICH OF THE INDICATORS LISTED ON FORM 2 ARE ETHICAL?

Reproductive Health Programme area: _____

Ethical indicators	Could the data for this indicator be collected and the results discussed in the general population without causing widespread offense?

FORM 3d WHICH OF THE INDICATORS LISTED ON FORM 2 ARE ROBUST?

Reproductive Health Programme area: _____

Robust indicators	What are your reasons for regarding this indicator as robust, specific, sensitive and reliable?

FORM 3e WHICH OF THE INDICATORS LISTED ON FORM 2 ARE REPRESENTATIVE?

Reproductive Health Programme area: _____

Representative indicators	Which population or sub-group does the indicator represent?

FORM 3f WHICH OF THE INDICATORS LISTED ON FORM 2 ARE UNDERSTANDABLE?

Reproductive Health Programme area:_____

Understandable indicators	Which population or sub-group does the indicator represent?

FORM 4 WHICH AVAILABLE INDICATORS SHOULD BE SELECTED?

Reproductive Health Programme area:_____

	3a	3b	3c	3d	3e	3f		
Indicator	**Useful? Y/N**	**Accessible? Y/N**	**Ethical? Y/N**	**Robust? Y/N**	**Representa-tive? Y/N**	**Understand-able? Y/N**	**Selected? Y/N**	**Justification for selection or rejection**

FORM 5 WHICH NEW INDICATORS SHOULD BE SELECTED?

Reproductive Health Programme area:_____

	3a	3b	3c	3d	3e	3f		
Indicator	**Useful? Y/N**	**Accessible? Y/N**	**Ethical? Y/N**	**Robust? Y/N**	**Representa -tive? Y/N**	**Understand- able? Y/N**	**Selected? Y/N**	**Justification for selection or rejection**

FORM 6 WHAT ARE THE DATA REQUIREMENTS OF EACH SELECTED INDICATOR FROM FORMS 4 AND 5?

Reproductive Health Programme area:_____

Indicator	Definition of indicator	Data source of indicator	Reporting frequency of indicator	Are changes needed to the information system to enable the indicator to be generated and to be reliable and timely?

FORM 7 DO THE SELECTED INDICATORS ON FORMS 4 AND 5 ADEQUATELY REPRESENT THE REPRODUCTIVE HEALTH PROGRAMME AREAS FUNCTIONING IN THE DISTRICT?

Reproductive health programme area	**Adequate coverage within area (Yes/No)**	**Adequate coverage relative to other areas (Yes/No)**	**What are the gaps in coverage which require new indicators? How might these gaps be filled? What data are needed? What are the implications for the routine information system?**
Safe motherhood: Antenatal care Intrapartum care Postnatal care Emergency obstetric care			
Family Planning			
Complications of unwanted pregnancies			
STDs/HIV/AIDS			

Reproductive health programme area	**Adequate coverage within area (Yes/No)**	**Adequate coverage relative to other areas (Yes/No)**	**What are the gaps in coverage which require new indicators? How might these gaps be filled? What data are needed? What are the implications for the routine information system?**
Adolescent reproductive health			
Maternal nutrition			
Female genital mutilation			
Violence against women			
Cancers of the reproductive system			
Positive health practices			
Health of the newborn			

ANNEX 2

KEY BACKGROUND REFERENCES

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ANNEX 3

GUIDELINES EVALUATION FORM

GUIDELINES FOR SELECTING REPRODUCTIVE HEALTH INDICATORS

EVALUATION FORM

The purpose of these guidelines is to assist district level managers of reproductive health programmes to identify those indicators which are most useful to service development in their district.

Please help us to evaluate whether or not the guidelines achieve this purpose.

1. Do you think district health managers require guidelines such as these to assist them in selecting indicators for reproductive health programmes? If you do not think they are necessary, tell us why not.

2. Have you discussed using these guidelines with colleagues? What was the general view of their relevance to your work?

3. Have you used the guidelines in any way? Did you follow the whole process described in Figure 1 or did you use some of the ideas suggested in the guidelines? It would be useful if you could describe how you used them.

4. Did you use them on your own or were others involved? Who else was involved and what was their contribution?

5. Please comment on the seven steps outlined in Figure 1. Are they clear and practical? If not, what are the problems?

6. Please comment on the criteria detailed in Figure 2. Are they clear and practical? If not, what are the problems?

7. Can you recommend any improvements to the guidelines which would make them more useful to you and your colleagues?

8. Do you have any suggestions for other documents which would be useful to you in the identification and use of indicators for reproductive health programmes?

Thank you very much indeed for your time. Your comments will be acknowledged and up-dates on this work on indicators will be shared with you.

Please provide us with your name and address below:

NAME POSITION

ADDRESS DATE