

Part II
Indicators
that Crosscut
Programmatic
Areas

- A. Women's Status and Empowerment**
- B. The Policy Environment**
- C. Management**
- D. Training**
- E. Commodities and Logistics**
- F. Behavior Change Communication (BCC)**
- G. Operations Research (OR)**
- H. The Service Delivery Environment**

INDICATORS THAT CROSSCUT PROGRAMMATIC AREAS

Part II of the *Compendium* consists of indicators that crosscut programmatic areas, that is, that are applicable to the different aspects of reproductive health treated individually in Part III. These crosscutting indicators fall into three categories:

- Background factors;
- Functional (or operational) areas; and
- Service delivery environment.

Background factors describe the context in which reproductive health programs operate. **Women's status and empowerment** is one such factor, in that it influences many aspects of health-seeking behavior: access to the resources to seek health services, autonomy to visit the services, ability to negotiate with one's partner, and likelihood of seeking protection from gender-based violence, to mention a few. The levels of status and empowerment contribute to the level of treatment women receive in the service delivery environment; this treatment in turn affects their decision to continue practicing desirable health behaviors. The **policy environment**, another important contextual factor, can facilitate or hinder the development of reproductive health programs. For example, many attribute the success of selected countries (e.g., Uganda, Thailand, Senegal) in stemming the AIDS epidemic to the support of the national leadership that supports AIDS prevention activities.

Functional areas refer to the operations supporting the actual delivery of services in a given country. These areas often constitute the program divisions within a Ministry of Health or NGO: **management, training, commodities and logistics, and behavior change communication**. To this list we add **operations research**, which provides organizations with the means to experiment with alternative strategies, and thus to improve service delivery and program performance.

These functional areas collectively define the service delivery environment – in terms of the quantity and quality of RH services available to the client who seeks them in a given community. In the present day context, one measures “good RH services” in terms of **access, quality of care, integration of services, and gender sensitivity**. One process allowing organizations to progress in these areas is **performance improvement**.

Part II of the *Compendium* presents indicators to measure each of these different areas. As the conceptual framework in Figure I.1 shows, these factors form an important part of the causal chain that determines whether a given population will seek services, will adopt specific health behaviors, and will achieve positive health status.