

Part III
Indicators for
Specific
Programmatic
Areas

- A. Global Reproductive Health Indicators**
- B. Family Planning and Fertility**
- C. STI/HIV/AIDS**
- D. Safe Motherhood**
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- H. Adolescent Reproductive Health Programs**
- I. Postabortion Care (PAC)**
- J. Male Involvement in Reproductive Health Programs**
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- M. Reproductive Health in Emergency Situations**

INDICATORS FOR SPECIFIC PROGRAMMATIC AREAS

Part III of the *Compendium* covers 12 programmatic areas for reproductive health, beginning with the 3 that command the largest percentage of government and donor budgets: **family planning, STI/HIV/AIDS, and safe motherhood**. Additional areas include **women's nutrition, newborn health, and breastfeeding**. During the 1990s governments and/or NGOs developed programmatic initiatives to meet a broader range of RH needs, including **adolescent reproductive health programs, postabortion care (PAC), male involvement, violence against women (VAW), female genital cutting (FGC), and reproductive health in emergency situations**.

Part III begins with two sets of RH indicators intended to measure RH status in countries worldwide. The first represents the response of the World Health Organization (WHO) in collaboration with selected reproductive health experts to monitor the extent to which programs/countries achieve progress toward the ICPD goals. The short list consists of 17 indicators that measure progress in a particular area (e.g., contraceptive prevalence rate, availability of basic essential obstetric care, HIV prevalence in pregnant women).

The second set of indicators – developed by Population Action International (PAI) – is the Reproductive Risk

Index, which rates countries on 10 RH measures (many of which overlap with the WHO global monitoring indicators).

A primary difference between the two sets of indicators is that the WHO does not combine indicators into a summary score for each country, whereas the Reproductive Risk Index does. The latter raises some methodological concerns but is useful for advocacy purposes in that it yields comparative ratings for developing countries worldwide.

Part III of the *Compendium* outlines the main results that different RH programs are designed to achieve. Most indicators in Part III measure outputs or outcomes, although a few relate to the subjects covered in Part II (e.g., policy environment, quality of care). The exceptions tend to occur (1) where programs are relatively new and experts feel the need to stress policy and quality of care issues, or (2) where measures of behavior among the general public are not readily available. Although we include several long term measures of health status (e.g., fertility, mortality), the indicators in this section constitute the most frequently used measures for evaluating behavior change and impact (e.g., summative evaluation) for reproductive health programs.

