

Feedback-Questions around the outcome indicators: Sexual Reproductive and Maternal Health and Rights



- **Indicator #9: If one respondent claimed that she can take decisions in one area out of the three (sexual relations, contraceptive use and reproductive health care) then should we count that respondent or not?**

One of two approaches can be used for this: 1) If it's really feasible to add the needed questions to any survey the project is undertaking and gather a reasonably large sample size, it could measure all three and for analysis make a score. This approach would most accurately capture a woman's autonomy in reproductive health and sexuality but the project would need to construct a score and must document meticulously exactly how they do the analysis. 2) Far more straightforward would be to select one of the three possible questions. Which of the three would depend on what they are most likely to affect. For example, if our project focused on improving women's access to quality family planning services, we have chosen to measure the question about being able to make her own decisions about reproductive health care. We expect that to be the far more common approach.

- **In November 2015, there were questions raised about why some indicators were not included. For example reduction in maternal mortality. Were these updated?**

Some indicators did change from the earlier draft versions, and some did not. It was important we didn't have too many indicators so there were some trade-offs in the final selection. The current indicators have been agreed at this stage but it is good for CI to get feedback on interest in other indicators. For example, if maternal mortality is well used across the globe in SRMH then that is useful to know. If in the local context it makes sense for a project working in SRMH to use maternal mortality as an additional indicator, programmers are free to do so.