Using Data to Improve Service Delivery:

A Self-Evaluation Approach

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Part 1
Introduction

1. What Is the Purpose of this Guide?

This guide will help frontline health workers use the data collected at health facilities to:
♦ Solve common problems in service delivery; and
♦ Improve their response to community needs.

It is intended for doctors, nurses, and midwives in community-based health centers. The overall aim of the guide is to promote greater use of existing service data to improve health services. It does not require health workers to collect any additional data.
2. Why Should Health Workers Use Data for Problem Solving?

The following story will help answer this question.

**Meet Mary and Kadija**

Mary and Kadija work at Kasemeni health center. Mary is a nurse and Kadija is a midwife. They have worked at Kasemeni for four years, providing services to the communities living in this area. After all this time working in Kasemeni, Mary and Kadija feel that they understand the health problems in the community quite well. After all, most people come to the health center with the same problems month after month. Children have respiratory infections and diarrhea, many people come to the center with malaria in the rainy season, and sometimes pregnant women seek care after they deliver. Although she promotes antenatal and well-baby care, Kadija finds that the community’s interest in these preventive services remains limited. Mary and Kadija are pleased that they can help people solve some of their health problems.

However, they would like to improve the services they provide and work more effectively with the community to address health needs.

Using registers and patient record cards, Mary and Kadija record information about the people seen at the health center each day. At the end of each month, Mary tallies the information and sends a report to the district health office. Sometimes she wonders about the purpose of collecting all this information.

Many health workers like Mary do not realize that the data they collect each day can be used right at the facility to solve problems in service delivery as well as community health problems in general. For example, Kadija knows that many women do not come to her for antenatal care. But without looking at the data, she does not know how many pregnant women in the community are not receiving the benefits of antenatal care, nor does she know where these women live. This information can help her define the problem of low antenatal coverage and find ways to address it.
In addition, if attendance at the clinic improves following an information, education, and communication (IEC) campaign about the benefits of antenatal care, Kadija can use health data to determine **whether coverage has improved a little or a lot**.

It is possible for Kadija to answer each of the following questions using *census data* on the population and *facility data* collected at the health center:
- **How many** pregnant women in the community do not receive antenatal health care?
- **Where** do these women live?
- **Has coverage of antenatal care improved a little or a lot?**

With data she could estimate the actual number of pregnant women in the community, set a target or goal for reaching a certain percentage of these women, and then measure whether her efforts to improve coverage have been successful. While Kadija can report this information to the district management team or the supervisor as evidence of her efforts, the data is probably most useful to Kadija herself. She can understand the strengths and weaknesses of the health service and work with other health staff and the community to make improvements where they are needed. *This process of examining data to assess problems and find solutions is called self-evaluation.*

This guide will help you learn how to conduct self-evaluation at your facility and use data to improve your capacity to meet health needs in your community.
Conducting self-evaluation of health services using data already collected at the health facility can help health workers in many ways. Overall, self-evaluation will enable health workers to assess problems and discover new strategies for improving health services. Specifically, analyzing and interpreting data assists health workers to:

- Identify and understand community needs and problems;
- Identify and understand health service needs and problems;
- Help the community understand the extent of their health problems and identify solutions;
- Set priorities each period (month, quarter, etc.) for facility- and community-based activities;
- Monitor the results of facility- and community-based health interventions to solve health problems; and
- Use resources such as medicine and supplies more effectively.

Data that describe a problem or show that you have been successful in solving a problem can also be presented to your supervisors and managers to:

- Demonstrate your ability to conduct self-evaluation and improve health services; and
- Support a request for additional resources such as staff, equipment, supplies, drugs, transportation, and fuel.

Information can also be used to engage people in the community in improving health services and addressing major health problems in the community. Health workers can present data to community leaders to:

- Demonstrate that the health services are an important part of the community; and
- Demonstrate the benefits of working together to solve health problems.
4. How Do I Use this Guide to Conduct Self-Evaluation?

As you read this guide, you will find in each section:
♦ A story about a common problem that health workers face when they deliver basic health services. Each story describes one worker’s efforts to try to reach people with specific health needs—such as pregnant women—and the problems associated with attracting people to the health service or providing good quality health care.

Following each story you will find:
♦ Some suggestions about monitoring and evaluating these essential services using census and facility data. The guide encourages health workers to use information already available at the health center or district health office to improve their understanding of a specific problem, devise ways to address it, and monitor improvements that result from these efforts.

Clearly, most health workers are already aware of many of these problems without having to use data. The purpose of this guide is to help you gain a deeper understanding of a specific problem by using data to measure its size, identify who is affected most by it, and assess whether the problem is becoming larger or smaller over time. It will help you answer questions such as:
♦ What percentage of children in the community has not received three doses of DPT and OPV?

♦ Where do these children live?
♦ Is the percentage of children who have not received three doses of DPT and OPV becoming larger or smaller?
♦ How can we improve immunization coverage at our health facility?

While there are many indicators that may be used to assess performance, the guide suggests that you use one key indicator for monitoring the performance of each essential service (see Annex 1). Indicators will relate to health services coverage or the quality of management. The guide explains how to take data that is already available at the health center and calculate this indicator. The guide then suggests ways to use this information to make improvements in coverage and management. To help you record data, calculate indicators, and present your findings, step-by-step instructions and blank forms are found in the annexes.
5. Performing Self-Evaluation

Self-evaluation is not difficult, but it can take time. It works best when health workers take a special interest in improving their ability to meet health needs in the community. To be effective evaluators, health workers should also receive support from their managers and supervisors. Self-evaluation involves five steps. These five steps are illustrated in the diagram below and explained later in the guide.

---

### Five Steps of Self-Evaluation

1. **Choose an Indicator**
   - Coverage or quality of the services/management
   - Define the indicator
2. **Analyze the data**
   - Calculate the indicator
   - Interpret the indicator
   - Present the data
3. **Evaluate the situation**
   - Is there a problem?
   - Is the problem serious?
   - Where is the problem?
   - What are the causes?
   - Will the situation get better?
4. **Find a solution**
   - Identify the priorities
   - Develop a plan of action
   - Work with the community
   - Find a solution
5. **Monitor the results of the plan of action**
   - Calculate the indicators
   - Is the situation getting better?
Part II
Sources of Data for Self-Evaluation

1. Introduction

Self-evaluation uses two types of data. The first type is:

**Community Data**

Community data includes information on the total population that should be served by the health services (also called the catchment population). Examples are:
- Names of all the villages and cities served;
- Population of each village, city, or catchment area;
- Names of influential people in the area and in each community; and
- Names of members of the health center management committee.

The second type of data is:

**Facility Data**

Facility data includes information on the people that actually attend the health service and information on the management of the health services. Examples are:
- Names, sex, and location of clients seen;
- Diagnosis and services provided; and
- Records of meetings held, etc.

Both types of data are described in the following pages.
2. Community Data

Health workers should know as much about their community as possible. The more they know, the more effective they are likely to be. For example, they should know the size of the population, where people live, and characteristics of the population in different communities. Are people poor? Are they farmers or nomads? They should also be aware of the most influential individuals that can help resolve problems or motivate the community. This information helps health workers understand the community’s needs and the obstacles to improving health in the community. Ideally, each health center should have the following information available:

♦ A map that covers all the communities served by the health facility;
♦ A list of all villages served;
♦ Population figures for the whole catchment area and specific target groups;
♦ Population figures for each village and target groups within each village;
♦ A list of influential individuals in the community; and
♦ A list of individuals on the health center management committee.

Population figures for each village can be found in census reports. From these numbers you can calculate the total population of your catchment area. The population for different target groups, such as pregnant women, can then be calculated using the percentages noted in Table A on the following page. These percentages are based on the composition of populations found in the majority of African countries. Blank tables can be found in Annex 2 at the end of this document.

---

1 In many countries, population figures are outdated. You should use the most recent population figures that are available. Sometimes the National Bureau of Statistics will provide population projections for the years following a census. Large national surveys such as the Demographic and Health Survey (DHS) can also be a reliable source of population data. You may want to discuss this issue with your district health management team and determine the best source of data for calculating population sizes for your catchment area.
After you make these calculations, you can display the data in tables, such as Tables B and C on the following pages. These tables are only examples. To complete a table for your catchment area, use the blank tables in Annex 2. These tables may be copied for recording information for each village. To complete the tables, you will need information on the approximate distance from the village to the health center (either less than or more than 5 km) as well as the population of each village.

### TABLE A: Population Figures

<table>
<thead>
<tr>
<th>Health center: Kasemeni</th>
<th>Year: 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of total population</td>
</tr>
<tr>
<td>Total population of the catchment area (catchment population)</td>
<td>100%</td>
</tr>
<tr>
<td>Total population of pregnant women in the catchment area</td>
<td>5%</td>
</tr>
<tr>
<td>Total population of women of child-bearing age in the catchment area</td>
<td>24%</td>
</tr>
<tr>
<td>Total population of children aged 0 to 11 months in the catchment area</td>
<td>4%</td>
</tr>
<tr>
<td>Total population of children aged 12 to 23 months in the catchment area</td>
<td>4%</td>
</tr>
<tr>
<td>Total population of children aged 0 to 35 months in the catchment area</td>
<td>11%</td>
</tr>
<tr>
<td>Total population living within a range of 0 to 5 km of the health center</td>
<td>No formula</td>
</tr>
<tr>
<td>Total population living farther than 5 km from the health center</td>
<td>No formula</td>
</tr>
</tbody>
</table>
# TABLE B: Village Population and Size of Target Groups

**Health center:** Kasemeni  
**Year:** 2002

<table>
<thead>
<tr>
<th>Village</th>
<th>Total population</th>
<th>Pregnant women</th>
<th>Women of child-bearing age</th>
<th>Children 0-11 months</th>
<th>Children 12-23 months</th>
<th>Children 0-35 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Villages less than 5 km</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mwavumbo</td>
<td>670</td>
<td>34</td>
<td>161</td>
<td>27</td>
<td>27</td>
<td>74</td>
</tr>
<tr>
<td>2. Mtaa</td>
<td>1260</td>
<td>63</td>
<td>302</td>
<td>50</td>
<td>50</td>
<td>139</td>
</tr>
<tr>
<td>3. Mwabilla</td>
<td>780</td>
<td>39</td>
<td>187</td>
<td>31</td>
<td>31</td>
<td>86</td>
</tr>
<tr>
<td>4. Mwatete</td>
<td>850</td>
<td>43</td>
<td>204</td>
<td>34</td>
<td>34</td>
<td>94</td>
</tr>
<tr>
<td>5. Kalalani</td>
<td>720</td>
<td>36</td>
<td>173</td>
<td>29</td>
<td>29</td>
<td>79</td>
</tr>
<tr>
<td>6. Mwamududu</td>
<td>1130</td>
<td>57</td>
<td>271</td>
<td>45</td>
<td>45</td>
<td>124</td>
</tr>
<tr>
<td>7. Bofu</td>
<td>750</td>
<td>38</td>
<td>180</td>
<td>30</td>
<td>30</td>
<td>83</td>
</tr>
<tr>
<td>8. Msambweni</td>
<td>590</td>
<td>30</td>
<td>142</td>
<td>24</td>
<td>24</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total &lt;5km</strong></td>
<td><strong>6750</strong></td>
<td><strong>340</strong></td>
<td><strong>1620</strong></td>
<td><strong>270</strong></td>
<td><strong>270</strong></td>
<td><strong>744</strong></td>
</tr>
<tr>
<td><strong>Villages 5 km or more</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Kenango</td>
<td>790</td>
<td>40</td>
<td>190</td>
<td>32</td>
<td>32</td>
<td>87</td>
</tr>
<tr>
<td>2. Kafundi</td>
<td>1570</td>
<td>79</td>
<td>377</td>
<td>63</td>
<td>63</td>
<td>173</td>
</tr>
<tr>
<td>3. Mwashanga</td>
<td>380</td>
<td>19</td>
<td>91</td>
<td>15</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td>4. Mgandini</td>
<td>510</td>
<td>26</td>
<td>122</td>
<td>20</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total &gt;5km</strong></td>
<td><strong>3250</strong></td>
<td><strong>164</strong></td>
<td><strong>780</strong></td>
<td><strong>130</strong></td>
<td><strong>130</strong></td>
<td><strong>358</strong></td>
</tr>
<tr>
<td><strong>Total population</strong></td>
<td><strong>10,000</strong></td>
<td><strong>504</strong></td>
<td><strong>2400</strong></td>
<td><strong>400</strong></td>
<td><strong>400</strong></td>
<td><strong>1102</strong></td>
</tr>
</tbody>
</table>
Influential Individuals in the Community

In the table below, you can list the influential individuals in the community (at least one per village). There are many different people who might be included in this list: the village head, president of the women’s organization, teachers, traditional birth attendants, traditional healers, etc. These are people who can help mobilize the community and reach target groups with health messages. In the example below, empty spaces have been left for you to add other influential people in your area. Blank tables are found in Annex 2.

<table>
<thead>
<tr>
<th>Village</th>
<th>Names</th>
<th>Positions</th>
</tr>
</thead>
</table>
| 1. Baurem | (Insert each person’s name here) | Village Head/President  
Teacher  
President of women’s group  
Traditional healer |
| 2. Mamissa |                         | Village Head/President  
Teacher  
President of women’s group  
Traditional healer |
## TABLE C (continued): Influential Individuals in the Community

**Health center:** Kasemeni  
**Year:** 2002

<table>
<thead>
<tr>
<th>Village</th>
<th>Names</th>
<th>Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Villages less than 5 km</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mwabilla</td>
<td>(Insert each person’s name here)</td>
<td>Village Head/President</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>President of women’s group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Traditional healer</td>
</tr>
<tr>
<td>4. Mwatete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Kalalani</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Mwamdudu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bofu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Msambweni</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Villages 5 km or more</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Kenango</td>
<td>(Insert each person’s name here)</td>
<td>Village Head/President</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>President of women’s group</td>
</tr>
<tr>
<td>2. Kafundi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mwashanga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mgandini</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16
Health Center Management Committee

The health center management committee helps guide the work of the health center and forms one link between the health workers and the community. In Table D, list the management committee members and their positions. This information should be updated each year.

<table>
<thead>
<tr>
<th>Health center: Kasemeni</th>
<th>Year: 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member (name)</strong></td>
<td><strong>Function</strong></td>
</tr>
<tr>
<td>1.</td>
<td>Head/President</td>
</tr>
<tr>
<td>2.</td>
<td>Secretary</td>
</tr>
<tr>
<td>3.</td>
<td>Treasurer</td>
</tr>
<tr>
<td>4.</td>
<td>Community Organizer</td>
</tr>
</tbody>
</table>

Continue to the last member
3. Facility Data

Registers and Cards

The type of information you collect at the health facility is contained in the daily records kept on each person that visits the health center. Before you begin the self-evaluation, you should review your registers and cards and make sure they are filled out properly. Ask yourself these questions:

- Are you recording all the necessary information on each patient, or are there some blank spaces in the registers and cards?
- Can you read all the words and numbers written there? Is the writing clear?
- Is the information accurate? Are there pieces of information that do not make sense or indicate a mistake in practice or recording, such as a measles immunization given to a child that is five months old?

Self-evaluation of health services works best when your facility data is complete, clearly written, and accurate. If you find problems with the information recorded in the registers, take steps to fix these problems for all the records kept from today onwards. Even if the data you recorded in the past is incomplete, DO NOT go back and try to change the information already written in the registers. It is too difficult to recall accurately what has happened in the past, and you risk recording the wrong information.

Monthly/Quarterly Reports

The information you collect in the cards and registers is used to write the monthly/quarterly report. A tally sheet is often used to count the number of visits for different services and conditions, and the total is then written in the monthly/quarterly report. When conducting self-evaluation, it is important that the tally sheets and monthly/quarterly reports are complete, clear, and accurate. Check your tally sheets for any problems and take steps to fix these problems for all the tally sheets made from today onwards. Before you send your tally sheet or monthly/quarterly reports to either the district health office or the Ministry of Health, be sure to keep a copy of it for your records.

Indicators

Below you will find a list of essential health services or activities and a key indicator that can be used to monitor the performance of that activity. Each indicator is discussed in detail in the next section. These indicators are only suggestions. In Annex 1, you will find additional indicators that could be used for monitoring and evaluation at a basic health facility.
There are many different things to consider when choosing an indicator:
- The policies, norms, and standards established for essential health services;
- Program goals and objectives; and
- The focus of your program (e.g., women, children, etc.).

For example, in some countries, the minimum standard of care for antenatal attendance is three visits during pregnancy, with the first visit occurring in the first trimester. The program might therefore encourage all women to attend at least three antenatal visits, and the indicator would reflect this program goal. To understand how well your program is performing with respect to meeting this national standard at the facility level, you could monitor coverage of pregnant women attending for three antenatal visits as follows:

\[
\frac{\text{Number of women attending three antenatal visits}}{\text{Number of expected pregnancies in the catchment area}}
\]

If you were particularly concerned that women begin their antenatal care in the first trimester, the program might focus on encouraging utilization of antenatal care early in the pregnancy. An indicator that reflects this particular goal—coverage of women who make their first antenatal care visit in the first trimester—would be calculated as follows:

\[
\frac{\text{Number of women making the first antenatal visit in the first trimester}}{\text{Number of expected pregnancies in the catchment area}}
\]

On the other hand, if you were finding it difficult to encourage pregnant women to visit the health center for even one antenatal care visit, the program focus might be on increasing utilization of antenatal services in general. The indicator you choose will measure coverage of the first antenatal visit at any time during the pregnancy.

\[
\frac{\text{Number of women making one antenatal visit}}{\text{Number of expected pregnancies in the catchment area}}
\]

It is best to monitor only one or two specific indicators for each activity. It is usually not possible, or necessary, to monitor all the indicators for an essential service each month.
When Might You Change the Indicator You Are Monitoring?

You might decide to change the indicator you monitor when your program is performing well in one area or if the focus of your program changes. Perhaps utilization of antenatal care has improved greatly due to information campaigns. Now you may want to focus on improving the quality of antenatal care that each woman receives. You might choose an indicator of the quality of antenatal care, such as the percentage of women attending antenatal care who receive iron and folic acid supplements or have their blood pressure taken.

These two indicators of quality are presented below:

- Number of women counseled for antenatal visits who received iron and folic acid supplements
- Number of pregnant women counseled
- Number of women counseled for antenatal visits whose blood pressure was taken and noted
- Number of expected pregnancies in the catchment area

---

## Essential Health Services and Key Indicators

<table>
<thead>
<tr>
<th>Essential Health Service</th>
<th>Suggested Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antenatal check</td>
<td>Coverage of antenatal checks (third visit)</td>
</tr>
<tr>
<td>2. Assisted delivery</td>
<td>Coverage of assisted deliveries</td>
</tr>
<tr>
<td>3. Preventive infant visit</td>
<td>Coverage of first preventive infant visit</td>
</tr>
<tr>
<td>4. Childhood immunization</td>
<td>Coverage of DPT 3</td>
</tr>
<tr>
<td>5. Family planning</td>
<td>Family planning recruitment rate</td>
</tr>
<tr>
<td>6. Community involvement in health center management</td>
<td>Percentage of meetings held by the management committee</td>
</tr>
</tbody>
</table>
Annex 1 contains a list of indicators that includes information on their definition, focus, and limitations. Discuss the choice of indicators with other health workers at the facility, the health center management committee, your supervisor, or district health management team. Remember to monitor indicators that are relevant to your program goals and objectives.

How often should I calculate indicators?

Normally we calculate indicators for two purposes: to tell us about the current status of an activity and to tell us how the status of the activity has changed over time, either since the last time we took a measurement or over the course of a year. Although health workers usually report facility data on a monthly basis, it may not be necessary to calculate, graph, and interpret data so frequently. Many indicators do not show substantial changes in a one-month period. In this guide, we recommend calculating and graphing key indicators every quarter, or every three months.

Ready for Self-Evaluation

Now you are ready to conduct self-evaluation at your facility. In the next section (Part III), you will discover how to apply the five steps of self-evaluation to assess different services, identify problems, and discover solutions to those problems.

On page 20 you will find:
♦ A list of six basic services or activities normally found at a community-based health facility; and
♦ A key indicator for monitoring and evaluating each service.

To begin, choose the service that is important to your community and go to that section. Review the story and the discussion about how to calculate and present the indicator. When you are finished with the first indicator, you may want to go on to another until you have reviewed them all. Each section takes a similar approach, although each deals with a different service and a different indicator.

Good Luck!