

Key Indicators for Community-based Access to Injectable Contraception Pilot Studies

An indicator is a measure of program performance that is tracked over time. Indicators should reflect the goals of a program and be selected during the program planning phase with key stakeholders including those who collect the data, those who will use the data, and those with the technical expertise regarding strengths and weakness of the data sources and measurement tools. The data collected on indicators allows decision-makers to assess a pilot’s progress toward intended outputs (e.g. number of CHWs trained) and achievement of goals (e.g. Proportion of clients who switched from facility to community provision of DMPA). This document presents potential process and outcome indicators organized according to phase of the pilot along with the related evaluation questions, data sources and measurement tools. These indicators were drawn from several implementers with experience piloting community based access to injectables (CBA2I). Users should adapt this list of indicators and use those that are most relevant to their local context and program goals. Additional indicators of interest can also be found in the [Handbook of Indicators for Family Planning Program Evaluation](#) (Betrand et al., 1994).

Section 1: Process Indicators			
Process indicators track whether the pilot program was implemented as intended and helps to identify ways to improve the intervention			
	Process Questions	Indicators	Suggested Data Sources and Measurement Tools
Training			
1	How many CHWs completed the training satisfactorily?	Number CHWs who properly completed the required number of practice injections	Training records
Service Delivery			
2	How many family planning clients did each CHW see?	Average number of family planning clients the CHWs saw monthly	CHW Services Tracking Form or similar survey completed by providers Compare the average monthly number of family planning clients CHWs saw during pilot implementation to before the pilot study. Note: This indicator requires baseline data.
3	How many DMPA users did each CHW see?	Average number of DMPA users the CHWs saw monthly	CHW Services Tracking Form or similar survey completed by providers
4	How many family planning clients did each facility-based worker see from the intervention location prior to the pilot study?	Average number of family planning clients the facility-based workers saw in the intervention location prior to the pilot study	Facility-based Services Tracking Form or similar survey completed by providers Note: This indicator requires baseline data
5	How many DMPA users did each facility-	Average number of DMPA users facility-	Facility-based Services Tracking Form or similar survey



	based worker see in the intervention location?	based workers saw in the intervention location prior to the pilot study	completed by providers Note: This indicator requires baseline data
Safety			
6	Did CHWs safely provide injections?	Proportion of injections with reported adverse events (e.g. needle-stick injuries, waste disposal, re-supply, referral, etc.)	CHW Services Tracking Form or similar survey completed by providers and/or Supervision Checklist for Community-based Access to Family Planning or similar checklist that complements existing supervision guidelines Proportion calculated as the number of adverse injection events divided by the total number of injections provided Note: This indicator can be complemented with client reports on injection safety experienced
7	How many referrals were made to facilities? What types of referral were made?	Number of referrals CHWs made to the clinic for side effects Number of referrals CHWs made to the clinic for other contraception methods	Client Referral Form or similar survey completed by provider
Supervision, Supply Management and Implementation Support			
8	How well were supervision meetings conducted?	Frequency of supervision meetings conducted Proportion of supervision meetings that discussed the required topics (e.g. proper referrals, adverse events, record keeping, etc.)	Supervision log of meetings conducted compared to supervision meetings planned Proportion calculated as the number of supervision meetings that discussed the required topics divided by the total number of supervision meetings
9	How well did the supply management system function?	Number of stock-outs reported by level (e.g. community-based program, district, regional, national)	CHW Stock Tracking Form or similar form Note: This indicator requires data on stock outs at the district, regional and national levels
10	Were the program's activities implemented as planned?	Yes or no based on plan and timeline for activities. Examples of deviations and reasons.	A form that documents intervention observations compared to the study work plan Note: This indicator can be used to provide contextual information needed to understand other indicators
Section 2: Outcome Indicators			
Outcome indicators tell whether or not the pilot program achieved the goals established and the intervention was successful.			



	Outcome Questions	Indicators	Data Sources and Measurement Tools
Training			
11	How well did CHWs master relevant knowledge upon completing training?	Proportion of trained CHWs who received a score greater or equal to a pre-determined minimum acceptable score on a knowledge test	<p>Post-training knowledge questionnaires</p> <p>Proportion calculated as the number of CHWs who received an adequate knowledge score divided by the total number of trained CHWs who took the test</p> <p>Note: This indicator requires the trainers to establish criteria for knowledge mastery by standardizing each test question, defining acceptable scores for each test question and setting the threshold for a satisfactory score on the entire test</p>
12	How competent were CHWs to counsel clients and provide injections?	Proportion of observed trained CHWs who received score greater or equal to a pre-determined minimum acceptable score on the competency checklist (e.g. determines eligibility using screening checklist or reinjection job aid, reminds client about side effects, etc.)	<p>Skills Checklist for Supervisors and Practicum Mentors Evaluating CHW Skills Related to Providing Injectables or similar survey administered by a supervisor</p> <p>Proportion calculated as the number of CHWs who received an adequate skills score divided by the total number of CHWs trained</p> <p>Note: This indicator requires the trainers to establish criteria for skills mastery by standardizing each checklist item, defining acceptable scores for each checklist item and setting the threshold for a satisfactory score on the observation checklist</p>
Service Delivery			
13	To what extent did the pilot program attract women who had never used family planning before?	Number of new family planning users who accepted DMPA from CHWs over a pre-determined period of time	<p>CHW Services Tracking Form or similar survey completed by providers</p> <p>Note: Tracking this indicator over one year is optimal but data from a period of at least three months may also be meaningful</p>
14	How well did the pilot program support continued use of DMPA? What were the reasons for discontinuation of DMPA?	<p>Proportion of eligible CHW DMPA clients who received at least one reinjection from the CHW over a pre-determined period of time</p> <p>Proportion of eligible clinic DMPA clients</p>	<p>CHW Services Tracking Form or similar survey completed by provider</p> <p>Proportions calculated as the number DMPA users who returned for a subsequent injection divided by the total number of DMPA clients eligible for reinjection</p>

		<p>who received at least one reinjection from the facility over a pre-determined period of time</p> <p>Examples of reasons for discontinuation (e.g. side effects, separation from spouse, transportation barriers, desire for more children, etc.)</p> <p>Note: This indicator is interpreted as client satisfaction with the method because some clients may continue DMPA but switch provider type. It can also be a proxy for the reinjection rate or continuation.</p>	<p>Compare reinjection rate with CHW providers to reinjection rate at facilities over the same period of time</p> <p>Note: The reinjection rates for both should be calculated using first and second injections</p>
15	How did the pilot study contribute to reducing facility workload?	<p>Number of DMPA clients who switched from facility-to community-based reinjection of DMPA over a pre-determined period of time</p> <p>Note: This indicator is interpreted as task sharing. It can also be thought of as facilitating access to the method for DMPA clients due to the shorter distance to travel and convenience</p>	<p>Client Tracking Form or similar survey completed by providers</p> <p>Proportion calculated as the number CHW DMPA clients who switched from facility to community-based provision divided by the total number of CHW DMPA clients</p>
16	To what extent did the pilot study contribute to the delivery of contraceptive services in terms of couple years of protection (CYP)?	<p>Proportion change in CYP</p>	<p>CHW Services Tracking Form or similar survey completed by provider</p> <p>CYP calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed for all methods to obtain a total CYP figure.</p> <p>Change in CYP reported can be calculated for DMPA only or all methods</p> <p>Compare CYP before the pilot project (from facilities only) and after the pilot project (from both facilities and CHWs) in the intervention location to the CYP of a control group in the country that did not participate in the intervention</p>

			Note: This indicator requires baseline data as well as data from a control group of clients outside of the intervention area to attribute change in CYP to the intervention
17	To what extent did the pilot study contribute to the delivery of contraceptive services in terms of contraceptive prevalence rate (CPR)?	Proportion change in the CPR	<p>Proportion change calculated by dividing the number of current users of modern FP methods by the number of married women of reproductive age and multiplying by hundred</p> <p>Compare CPR before and after CBA2I pilot project in the intervention location to the CPR of a control group in the country that did not participate in the intervention</p> <p>Note: This indicator requires baseline data as well as data from a control group of clients outside of the intervention area to attribute change in CPR to the intervention</p>
Post-Service Delivery			
18	Did the pilot program increase the number of stakeholders (e.g. elected officials, NGOs, donors, other public health officials, etc.) who publicly support CBA2I?	Examples of advocates/champions and types of support demonstrated for CBA2I	<p>Meeting minutes or other documents (e.g. policy addendums, MOH circulars, media articles, etc.) indicating support of the CBA2I practice from opinion leaders</p> <p>Note: This indicator requires baseline data</p>